Five Hills Health Region

Healthy People – Healthy Communities

Annual Report to the Minister of Health

Year Ended March 31, 2011

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The Five Hills Health Region Annual Report is located on the internet at:
www.fhhr.ca

June 17, 2011

Letter of Transmittal

The Honourable Don McMorris
Minister of Health
Legislative Building
Regina SK S4S 0B3

Dear Minister McMorris,

The Five Hills Regional Health Authority is pleased to provide you and the residents of the health region with its 2010-2011 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Five Hills Health Region for the year ended March 31, 2011.

The Health Region continues to remain focused on the Ministry of Health's vision and strategic directions. We are committed to providing quality, accessible health services for the people we serve. During the fiscal year the region had many successes, including:

(a) Balanced Budget – the Region continues to demonstrate sound fiscal management;

(b) Completed the preliminary Moose Jaw Union Hospital Planning and submitted the report to the Ministry of Health in March 2011;

(c) Continued to meet the surgical targets with no patients waiting more than 12 months for surgery;

(d) Expanded the Releasing Time to Care program to the Surgical and Women's Health Unit at Moose Jaw Union Hospital;

(e) Implemented the Hip and Knee Pathway in keeping with the provincial surgical initiative;

(f) Implemented the Surgical Checklist and the *Safer Health Care Now!* Surgical Site Infections Bundle in keeping with the provincial direction;

(g) Implemented the *Safer Health Care Now!* Falls Prevention Interventions in Long Term Care facilities in keeping with the provincial direction;

(h) Worked collaboratively with RHAs, the SCA and other stakeholders in implementing shared services initiatives.

Our successes can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' efforts to ensure our communities have access to quality care.

Respectfully submitted,

Velma Geddes, BComm, FCA
Chairperson, Five Hills Regional Health Authority

Introduction

This annual report presents the Five Hills Health Region's activities and results for the fiscal year ending March 31, 2011. It reports on public commitments made and other key accomplishments of the Regional Health Authority.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on RHA commitments.

The 2010-11 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned and identifies how to build on past success for the benefit of the people in the Five Hills Health Region.

Alignment with Strategic Direction

The Ministry of Health and the regional health authorities have set out goals, key actions, measures and targets based on the "Five Pillars" of healthcare. The Five Pillars form the basis of the Strategic and Operational Directions of the Ministry; and therefore, guide the Five Hills Health Region in the development of its Strategic Plan. The Five Pillars are as follows, and more detail on each Pillar is available in Appendix A.

Health of the Individual
Health of the Population
Providers
Sustainability
Supporting Processes

The Board approves the strategic direction in accordance with the Ministry of Health's Strategic and Operational Directions and as outlined in the Accountability Document. In October 2010, the Board approved the Region's Strategic Plan for 2010-2011 (Page 19). An annual review is conducted by management and the Board to assess environmental factors that shape decisions around the strategy.

Mission
Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

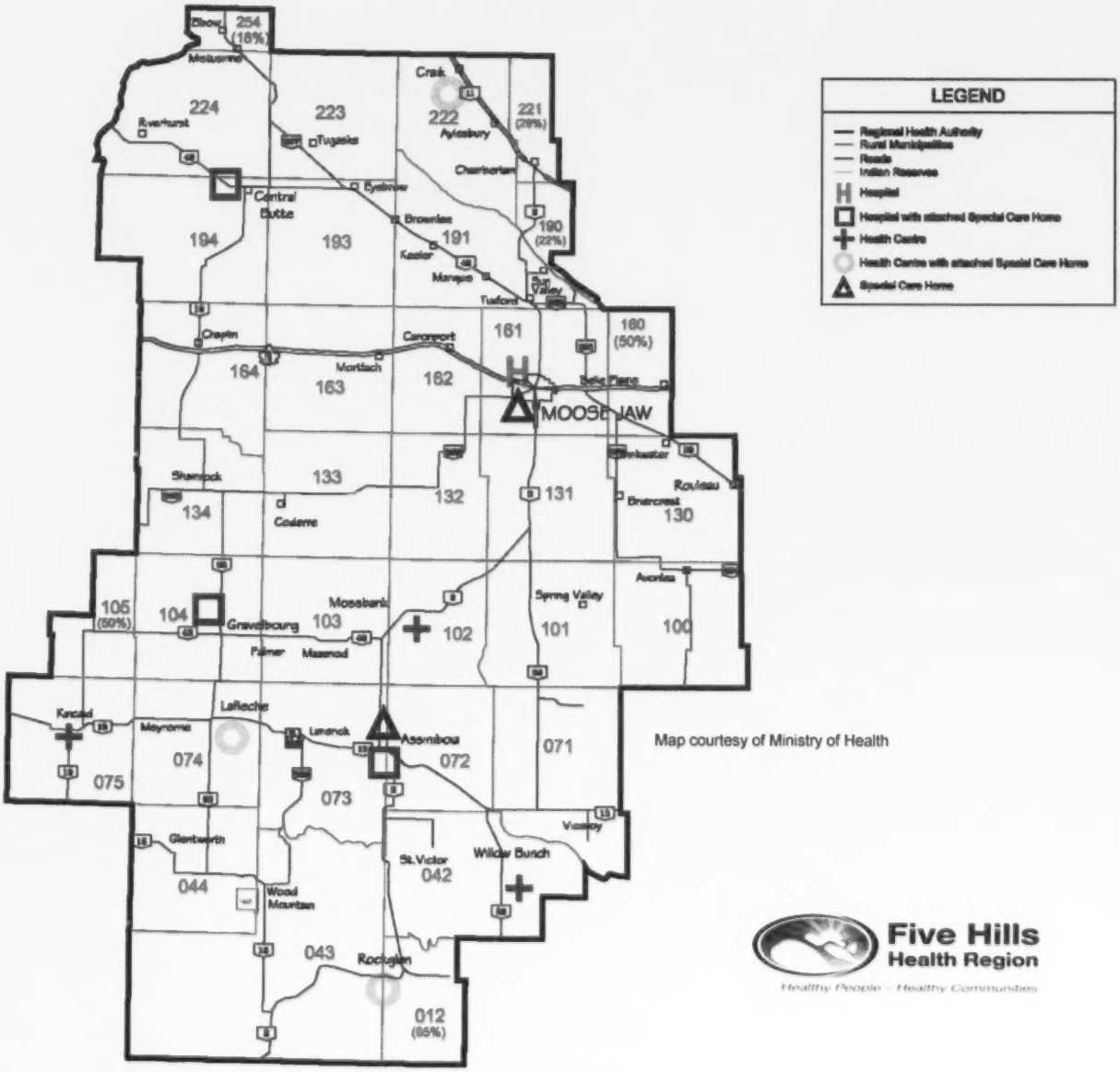
Vision
Healthy People – Healthy Communities

Values
Respect, Accountability, Engagement, Excellence, Transparency

Regional Health Authority (RHA) Overview

The Region

Located in south-central Saskatchewan, the Five Hills Health Region serves a population of approximately 54,000 in an area that extends from Lake Diefenbaker to the United States border.



Map courtesy of Ministry of Health

Five Hills Health Region

Healthy People – Healthy Communities

Service Responsibility

The Five Hills Health Region is responsible for:

- Acute Care (hospital)
- Long Term Care
- Home Care
- Mental Health and Addictions Services
- Public Health
- Ambulance Services
- Primary Health Care

Regional services administrative support is highly centralized in Moose Jaw. With over 1,200 full time equivalent employees, the region has efficiently organized services for finance, information technology, payroll, staff development, occupational health and safety, quality of care and risk management, privacy and communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources, labour relations, recruitment and selection, as well as related administrative support.

Acute Care

Moose Jaw Union Hospital is a Tier I Regional Hospital with 100 inpatient beds which provides a range of secondary inpatient acute care services:

- Satellite Dialysis
- Anaesthesiology
- Family Medicine
- Internal Medicine
- Orthopaedics
- Paediatrics
- Emergency Medicine
- Obstetrics
- Ophthalmology
- Psychiatry
- Urology
- General Surgery
- Gynaecology
- Pathology
- Radiology
- Addictions

These services are supported by professionals in laboratory, diagnostic imaging, ultrasound, respiratory therapy, hyperbaric medicine, physical therapy, occupational therapy, pharmacy and central sterile supply.

Moose Jaw Union Hospital Statistics								
Unit	Patient Days		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2011	2010	2011	2010	2011	2010	2011	2010
Nursery	59	11	0.16	0.03	16.16	3.01	8.43	2.2
ICU	1296	991	3.55	2.72	71.01	54.3	3.56	3.45
Women's Health	2428	2356	6.65	6.45	47.51	46.11	2.53	2.43
Paediatrics	2572	2458	7.05	6.73	70.47	67.34	2.99	2.76
Mental Health	4654	5349	12.75	14.65	91.08	104.68	15.01	15.55
Surgery	6224	6040	17.05	16.55	85.26	82.74	5.75	5.07
Medicine	14379	12986	39.39	35.53	109.43	98.69	10.1	9.06
Total Adult	31612	30191	86.61	82.67	86.61	82.67	6.31	5.9
Total Newborn	1436	1334	3.93	3.65	39.34	36.55	2.51	2.42
Total Adult and Newborn	33048	31525	90.54	86.32	82.31	78.47	5.92	5.56

Emergency Department Visits		
	2011	2010
Moose Jaw Union Hospital	32327	29857
Assiniboia Union Hospital	4382	4604
St. Joseph's Hospital*	4711	4603
Central Butte Regency Hospital	744	1000

* contracted agency

The Assiniboia Union Hospital (16 beds), Assiniboia; St. Joseph's Hospital/Foyer d'Youville (nine beds), Gravelbourg and Central Butte Regency Hospital (five beds), Central Butte are designated as community hospitals in the Region. Community hospitals provide acute inpatient medical care and emergency room coverage with 24/7 RN staffing. Each hospital is integrated with long term care beds, including designated respite and convalescent care.

Acute Care Facilities								
	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2011	2010	2011	2010	2011	2010	2011	2010
Moose Jaw Union Hospital	31612	30191	86.61	82.67	86.68	82.67	6.31	5.9
Assiniboia Union Hospital	4829	5001	13.23	13.7	82.69	85.63	12.93	12.4
St. Joseph's Hospital*	2164	2223	5.93	6.09	65.88	67.67	4.2	4
Central Butte Regency Hospital	0	478	0	1.31	0	26.19	0	21.7

*contracted agency

Long Term Care Facilities						
	Resident Days		Average Daily Census		Percent Occupancy	
	2011	2010	2011	2010	2011	2010
Central Butte Regency Hospital	9356	7757	25.63	21.3	94.94	96.6
Assiniboia Union Hospital	7938	7971	21.75	21.8	98.85	99.27
Craik and District Health Centre	5728	5372	15.69	14.7	87.18	98.12
Ross Payant Nursing Home	13377	13279	36.65	36.4	96.45	95.74
Lafleche Health Centre	5667	5531	15.53	15.2	97.04	94.71
Grasslands Health Centre	6020	5983	16.49	16.4	97.02	96.42
Extendicare*	44832	40185	122.83	110.1	98.26	88.08
Pioneers Housing	26302	25394	72.06	69.6	97.38	94.02
St. Joseph's Hospital*	17988	17852	49.28	48.9	98.56	97.82
Providence Place*	62821	62721	172.11	171.8	98.92	98.76

*contracted agency

Home Care/Continuing Care

Continuing Care services are generally provided to a population of elderly persons over the age of 75 years. The continuing care program includes home care nursing, home care personal care, home care acute care replacement services, inpatient geriatric assessment and rehabilitation, long term care, transition, convalescent, respite, palliative, and podiatry.

Institutional care is available to over 530 long term care residents, supported by geriatric assessment and rehabilitation (14 beds), transition (18 beds) as well as designated respite and convalescent beds. The majority of institutional long term care support (65%) is provided by affiliate organizations, Providence Place in Moose Jaw, St. Joseph Hospital/Foyer D'Youville in Gravelbourg, and Extendicare in Moose Jaw. The region provides long term care services in Rockglen, Assiniboia, Lafleche, Central Butte, Craik, and Moose Jaw.

Community based clients are further supported with adult day programs located at Providence Place, Central Butte, Assiniboia, and Gravelbourg.

The **Access Centre** provides continuing care services through a single point of entry. All referrals for continuing care services in the region including Home Care, Respite, Palliative Care, Long Term Care and Convalescence are managed through the Access Centre.

Mental Health and Addictions

Mental Health & Addictions Services provide acute inpatient, transitional day treatment and follow-up outpatient mental health care for children, youth and adults in both Moose Jaw and rural areas.

The Thunder Creek Rehabilitation Association provides residential services, community supports and prevocational programs for adults experiencing severe mental illness.

The health region provides a wide range of treatment options for adolescents and adults with addictions related issues. The Angus Campbell Centre provides a 20-bed detoxification centre for individuals over the age of 16 who are seeking assistance to withdraw from alcohol and or other drugs. The centre provides two transition beds for clients who are waiting for Residential Addictions Treatment. Riverside Mission and Hope Inn provides residential services for those individuals in recovery from a substance related disorder.

Mental Health promotion and education programs and programs for prevention of substance abuse are available for the public and human services professionals. The Canadian Mental Health Association also provides mental health promotion, public education and prevention information and literature on mental health and mental illness

All services and programs may be accessed through Mental Health & Addictions Centralized Intake program. Centralized Intake responds to all initial requests for mental health and addictions information or services from individuals, family physicians, family members or community agency members.

Primary Health Care

The purpose of Primary Health Care (PHC) Team development is transformation of the healthcare system to customer-centric, integrated, quality care delivered by the right providers in the right place, at the right time.

PHC has aligned its operational plan with the Five Pillars. Individual PHC teams will develop actions to work on advancing the goals. The five Primary Health Care strategies in Five Hills Health Region are:

- Delighting our Customers
- Creating a Learning Environment
- Thinking Lean[1] and Being Lean
- Marketing Lean Six Sigma
- Sustaining the Change

PHC teams provide physician and nurse practitioner services in Central Butte, Craik, Assiniboia (along with visiting services to Rockglen, Willowbunch, Mossbank), Kincaid and Moose Jaw. A variety of other healthcare professionals are part of each of these teams based on the needs of the population being served in the area and the community development work that is underway. Some teams include members other than healthcare providers depending upon the community needs.

Public Health Services

Public Health Services (PHS) focuses on prevention (both primary and secondary), health protection, and population health promotion. Under the leadership of the Public Health Director and Medical Health Officer, PHS provides a range of services, programs, and functions, including:

- public health nursing
- public health inspection
- public health nutrition
- dental health education
- epidemiology & statistical analysis capacity
- population health promotion
- speech and language pathology services
- Kids First Programs
- Teen Wellness Clinic
- Parent Mentoring Program
- Needle Exchange Program (NEP)
- Ongoing communications with media outlets

[1] Lean is a simple strategy focusing on the elimination of waste, variation and work imbalance. Each activity must create value from the perspective of the client or patient. Lean is a client/patient-focused approach to evaluate the entire, end to end, delivery of service/patient care. Waste is an activity that consumes time or resources but does not add value to the product, service, treatment or other deliverable as viewed from the perspective of the client.

Increasing emphasis is being placed on the Voice of the Customer in obtaining input as to health status assessment, and ultimately the delivery of appropriate, effective, safe, responsive, efficient, and equitable public health services. Immigrant and specifically refugee health, as well as high risk clients/families, adolescents, and injection drug users are given specific attention, as part of a comprehensive Primary Health Care approach. Services are delivered in a collaborative and consultative milieu with a vision for continuous quality improvement.

Immunization programs have been expanded, with the addition or enhancement of vaccine programs including human papillomavirus, varicella, pneumococcal, influenza, mumps, and pertussis vaccine coverage (to specified cohorts).

Health promotion efforts are embracing, amongst others, promotion of physical activity to impact healthy weights, safety promotion by assisting with car seat clinics, and development of a Regional Tobacco Strategy, in concert with the draft Provincial Tobacco Strategy. Five Hills Health Region worked with RNAO (Registered Nurses Association of Ontario) to trial and implement a best practice smoking cessation program. As a result, the Region recruited, and currently supports, 34 trained champions throughout the province. Needs assessments and surveys are utilized to further our knowledge about community health status.

Public Health Services is represented on the Saskatchewan Population Health Council. One of the roles of this committee is to oversee a provincial HIV strategy which is being rolled out in the Regions, including Five Hills. One of the pillars is harm reduction which emphasizes a strong Primary Health Care component in the delivery of a broad range of clinical and other services to Needle Exchange Program clients, and others affected by blood-borne pathogens.

Public Health Services staff respond to outbreaks of any type, comprising predominantly infectious diseases such as respiratory and enteric disease outbreaks. PHS forms part of the Health Region's emergency response capability. Emergency planning is ongoing in the areas of surveillance, mass immunization, infection control and other necessary planning measures.

Ambulance Services (EMS)

Emergency Medical Services (EMS) are provided under contract to the Five Hills Health Region by Moose Jaw and District EMS, Hutch Ambulance Services and St. Joseph's Hospital.

Health Care Organizations

The Region either directly delivers health services through its staff, or contracts with other agencies for the provision of services. These contracted agencies are referred to as Health Care Organizations and include all private sector, community-based and affiliated (religious-based) service agencies that provide ambulance, addiction, mental health, long term care and acute services. Health Care Organizations are accountable through and to the Five Hills Health Region. Contracts are with the following health care organizations and private providers to deliver health services:

Angus Campbell Centre operates a 20-bed residential (social) detox centre for drugs and alcohol.

Canadian Mental Health Association provides community education and awareness of mental illness.

Extendicare operates a 125-bed long term care facility in Moose Jaw.

Hutch Ambulance Services provides ground ambulance services for Assiniboia and area.

Moose Jaw and District EMS provides ground ambulance services for Moose Jaw and area and Central Butte and area.

Providence Place operates a 160-bed long term care facility, a 14-bed Geriatric Assessment and Rehabilitation Unit and an adult day program, located in Moose Jaw.

St. Joseph's Hospital/Foyer d'Youville operates a 50-bed long term care and 9-bed acute care facility in Gravelbourg and provides ground ambulance services in Gravelbourg and area.

Thunder Creek Rehabilitation Association provides residential services and programs for adults with severe and persistent mental illness.

Regional Facilities

Acute Care

Moose Jaw Union Hospital (Regional Hospital)

Integrated Acute and Long Term Care

Assiniboia Union Hospital
Central Butte Regency Hospital
St. Joseph's Hospital/Foyer d'Youville *

Moose Jaw Union Hospital

Long Term Care

Ross Payant Nursing Home
Pioneers Lodge
Providence Place*

Integrated Long Term Care and Health Centres

Craik and District Health Centre
Grasslands Health Centre
Lafleche and District Health Centre

Wellness Centres

Mossbank Wellness Centre
Willowbunch Wellness Centre
Kincaid Wellness Centre

Affiliate and Contracted Agencies

Providence Place*
Extendicare

Assiniboia Union Hospital

*Affiliate

Board Structure

The Regional Health Authority, also referred to as the Board, utilizes a Policy Leadership Model which provides for board stewardship by maintaining clear separation between governance and management, with a board focus on providing strategic leadership and oversight. The Board governs through policies that define the Board and CEO relationship. In general, key responsibilities include:

- *Stakeholder Engagement and Relationship Building*
- *Financial Stewardship*
- *Strategic Planning and Direction*
- *Quality Improvement*
- *CEO Recruitment, Evaluation and Succession Planning*
- *Maintaining Effective Governance*
- *Monitoring organizational performance and the achievement of the strategic goals*

The Authority

Velma Geddes, Chairperson, Moose Jaw
Don Shanner, Vice Chairperson, Moose Jaw
Grant Berger, Central Butte
Betty Collicott, Moose Jaw
Clark Coulson, Moose Jaw
Ken Hawkes, Moose Jaw
Al Klassen, Central Butte
Tracey Kuffner, Glentworth
Cecilia Mulhern, Meyronne
Christine Racic, Moose Jaw
George Reaves, Gravelbourg
Jeffrey Reihl, Moose Jaw

The Board establishes policies, makes decisions and monitors performance, whereas management is focused on development of operational plans, policy options, appropriate reports to support decisions and management of operations consistent with board policy. A copy of the organizational chart of the RHA is attached as Appendix B.

Ethics and Standards of Conduct

In Saskatchewan, board members have legal obligations set out in *The Interpretation Act, 1995*. They are seen as fiduciaries to the corporation and thus are expected to demonstrate high standards of personal and professional conduct to maintain public confidence in their behaviours and actions. These standards include the need to avoid a conflict of interest.

A general responsibility of the members is to act in the best interest of their board. To discharge this general responsibility, the board has in place a code of conduct and ethics for all members to follow.

For the purpose of this guide, the term "code of conduct and ethics" is used in a broad sense that addresses the following issues:

- standards of behaviour, including fiduciary responsibilities and duty of care;
- conflict of interest, including both material interest and representation group interest;

- obligation to report to the board any breach of the code of conduct and ethics, or an illegal or unethical behaviour;
- protection and proper use of the board's assets and opportunities;
- confidentiality of information obtained through the members' role; and
- compliance with legislation and regulations.

Community Advisory Networks

The Regional Health Services Act, Section 28 states:

> *28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
>
> *(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*
>
> *(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.*

The Board has a network in place for receiving advice from a number and variety of communities. Primary health care development, with its significant community development component, rounds out the existing network. The attached Appendix C provides a listing of organizations with whom the Region interacts.

Progress in 2010-2011

The following is a summary of the major initiatives undertaken in the 2010-2011 year.

Significant focus was placed on the Region's **Values and Principles** which guide the delivery of health care services in Five Hills Health Region. Each value is defined by operating principles:

Respect

- Valuing and honouring each other's perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information about the planning and performance of our health region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our health region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the health region

The **Customer Value Proposition** was adopted by the Region based on the above values. A Customer Value Proposition defines how the organization intends to add value to its customers based on listening to their voice as they define their expectations. The Customer Value Proposition reflects the perception of the customer and addresses both the basic requirements of service expected in every service encounter and the attributes of service that would make the customers' encounter or experience exceptional. The Basic Requirements reflect the minimum expectation of the customer on each and every encounter with the health region. The Delighters or Differentiators are the attributes of the services which would please or delight the customer making the service experience exceptional and setting the service experience apart from other similar health care providers or systems. Health care providers ensure they are

consistently delivering on the basic requirements, and constantly striving to deliver on the delighters or differentiators.

The Five Hills Health Region intends to ultimately fulfill its vision, mission and strategic destination by achieving the "delighters and differentiators" for the customer.

The Five Hills Health Region has two customers. The value proposition for each customer are different but related as the expectations of an individual and family receiving health service is from a different perspective than the expectations of the general public related to the performance of the overall health region. Both value propositions are important and synergistic in achieving exceptional service and a well performing health region.

The two customers of the Five Hills Health Region:

1) ***The individual patient or customer*** in which the value proposition speaks to the requirements of the service received by an individual with their family.

2) ***The general population and communities within province*** in which the value proposition speaks to the requirements of a well performing health region as experienced by the general population and the provincial communities.

Specific basic requirements and delighters are outlined in the Health System Strategy Map, attached as Appendix D.

The **Saskatchewan Surgical Initiative (SkSI)** is a multi-year, system-wide initiative developed to transform the patient surgical experience and reduce surgical wait times to three months within four years. The Region placed major emphasis on reducing wait times for surgery, increasing surgical volumes to eliminate backlog, reducing wait times for diagnostic imaging and implementation of the Hip and Knee Pathway. The Surgical Checklist was implemented 100% in Five Hills Health Region, as was the Surgical Site Infections Bundle from *Safer Healthcare Now!*. These tools are instrumental in preventing surgical errors, ensuring standardization by surgical service and reducing preventable surgical site infections. A large part of the year included implementation of LEAN initiatives which focused on surgical value stream to address the quality, efficiency and patient experience of the surgical care process. Another initiative of SkSI was to reduce, as much as possible, the number of clients in acute care beds awaiting placement in long term care.

Value Stream Mapping in the Emergency Room took place in December through to February. At the future state value stream mapping session, an implementation plan was created and the several project items are being worked on by the Emergency Room Team, such as: implementing visual management (flagging system for physician's orders, visual notification of available treatment rooms); improved methods of notifying the laboratory that testing is required; improving access to PACS; and installation of an electronic whiteboard in ER (scheduled for April 2012).

The **Medication Reconciliation (MedRec)** Plan was approved by the Board in November 2010. The goal of the plan is to implement a formal regional MedRec program in compliance with Accredtitation Canada standards and consistent with the Safer Healthcare Now! campaign. MedRec has been fully implemented in one client service area at admission, transfer, discharge or end of service and expansion to other client service areas is ongoing.

With the support of the Health Quality Council, **Releasing Time to Care** was expanded to all medical and surgical wards within Moose Jaw Union Hospital and to long term care in Providence Place.

Attendance Support was also a major focus for the 2010-2011 year. Many initiatives (i.e., attendance management seminars for directors) were undertaken in an effort to reduce wage driven premium hours, sick time and WCB claims.

Shared Services will focus on administration by sharing functions related to human resources, information technology, finance and administration and materials management. The health system can reduce costs and duplication, work more efficiently and effectively, and allocate more resources to direct patient care. Historically, regional health authorities and the Saskatchewan Cancer Agency have each overseen most of their own administrative and support services. Today they are working together to design a new means of sharing these services. This project is part of Saskatchewan's move to a more patient-centred health system. The Patient First Review Commissioner recommended shared services as a way to achieve greater value for Saskatchewan patients and taxpayers.

More detailed information on all of the above initiatives and others is included in the 2010-2011 Strategic Plan on the following pages.

Abbreviations/Definitions Used Throughout Document

Big Dot: "a whole system measure to reflect the overall quality of the health care system, designed to serve as the highest level of measures from which all other small measures flow."

AB	Alberta
AC	Accreditation Canada
ADC	Average Daily Census
AESB	Acute and Emergency Services Branch, Ministry
BC	British Columbia
CBRH	Central Butte Regency Hospital
CC	Continuing Care
CCB	Continuing Care Branch, Ministry
CEO	Chief Executive Officer
CIO	Chief Information Officer
CS	Clinical Services
CSA	Canadian Standards Association
CRSB	Capital and Regional Services Branch
CT	Computed Tomography
ED	Executive Director
ELOS	Expected Length of Stay
EMR	Electronic Medical Record
EMS	Emergency Medical Services
FHHR	Five Hills Health Region
FTE	Full Time Equivalent
HISC	Health Information Solutions Centre
HPV	Human Papillomavirus
HR	Human Resources
HSMR	Hospital Standardized Mortality Ratio
IC	Infection Control
IHI	Institute for Healthcare Improvement
IMG	International Medical Graduate
IT	Information Technology
LTC	Long Term Care
MHA(S)	Mental Health & Addictions (Services)
MHO	Medical Health Officer
MJUH	Moose Jaw Union Hospital
MOH	Ministry of Health
Mos	Months
MSB	Medical Services Branch, Ministry
NEP	Needle Exchange Program
PFCC	Patient and Family-Centred Care
PHB	Public Health Branch, Ministry
PHC	Primary Health Care
PHSB	Primary Health Services Branch, Ministry
Q1,Q2,Q3,Q4	Quarter 1,2,3,4 (fiscal year)
QI	Quality Improvement
RHA	Regional Health Authority
RIC	Regional Intersectoral Committee
ROP	Required Organizational Practices
RTC	Releasing Time to Care
S & C	Strategy and Communications
SCA	Saskatchewan Cancer Agency
SHN!	Safer Healthcare Now!
SIMS	Saskatchewan Immunization Management System
SkSI	Saskatchewan Surgical Initiative
SLT	Senior Leadership Team
SMO	Senior Medical Officer
SSI	Surgical Site Infections
SSO	Shared Services Organization
SUN	Saskatchewan Union of Nurses
U of S	University of Saskatchewan
VFA	Vendor that was selected for Facility Assessment
VP	Vice President
WCB	Workers' Compensation Board
WDP	Wage Driven Premium

• 1. HEALTH OF THE INDIVIDUAL

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations

Big Dot Measure: % of RHA staff who have received orientation on the RHA's service delivery expectation
Big Dot Target: 100% of RHA staff have received orientation by March 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Continue to orientate and train all new staff with Voice of the Customer on an ongoing basis	% of new staff who have received Voice of the Customer orientation	100% of new staff receive orientation on an ongoing basis	Target met.	Quarterly	ED, HR
Continue to orientate and train all existing staff with Voice of the Customer	% of existing staff who have received Voice of the Customer orientation	100% of existing staff have received orientation by March 31, 2011	Target met.		

Big Dot Measure: % of clients rating their hospital experiences as 10 on a scale of 1-10 ("Best Possible Hospital Score")
Big Dot Target: A board approved regional target for the Best Possible hospital Score to meet the provincial target – 50% reduction in the gap between the Saskatchewan average and the best USA region average by March 30, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Establish report and targets for measures related to Moose Jaw Union Hospital RTC units (Acute Care, Mental Health & Providence Place)	"Best Hospital Score" And RTC, Patient Satisfaction Survey Increase satisfaction by 5% by March 31, 2011	Target for improvement MJUH RTC areas Best Possible Hospital Score is 38% by March 31, 2011	Target being met. Best Possible Hospital Score as of January 2011 is 36%. Has been consistent upward trend over past 4-month period from a low of 14.7% in November 2010.	Quarterly	ED, S & C
Participate in the development and implementation of provincial framework for patient-and-family-centred care (PFCC) ***(Ministry led)***	*Status of developing a PFCC framework*	*PFCC framework completed by March 31, 2011*	*Framework near completion at Ministry. Staff attended PFFC conferences in April and May with provincial team.*	Quarterly	ED, S & C

1. HEALTH OF THE INDIVIDUAL

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations

Big Dot Measure: % of clients rating their hospital experiences as 10 on a scale of 1-10 ("Best Possible Hospital Score")
Big Dot Target: A board approved regional target for the Best Possible hospital Score to meet the provincial target – 50% reduction in the gap between the Saskatchewan average and the best USA region average by March 30, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Work with the College of Physicians to build on processes for the ongoing review and assessment of the quality of care provided by physicians in the areas of pathology and radiology ***(Ministry led)***	*Status of developing the process*	*Process completed by December 31, 2010*	*Under development*		SMO

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports (continued)

Big Dot Measure: Number of patients waiting longer than 12 months for surgery
Number of patients waiting longer than 18 months for surgery

Big Dot Target: All patients receive surgery within 18 months by March 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
• Implement Lean initiatives across surgical continuum (1.6 SkSI)	Number of RHA Lean initiatives focused on surgical value stream	Lean implementation begun in 3-5 priority areas from the provincial value stream map which address the quality, efficiency and patient experience of surgical care processes by March 31, 2011; At least one Lean team in each RHA and SCA focused on surgical value stream by March 31, 2011; Establish baseline for the number and causes of cancelled surgeries by March 31, 2011	Target met. Surgical value stream current state map completed for Hip and Knee Surgical Pathway. Future state map target for completion is Q2 2012. Involved in provincial Kaizen[2] to improve surgical and medical transfers from tertiary facilities to regional facilities. Regionally – Day Surgery Value Stream Mapping.	Quarterly	ED, CS
• Ensure patients are receiving appropriate care by reducing the number of clients in acute care beds awaiting long term care placement (SkSI)	Number of acute care beds occupied by clients awaiting long term care placements as of June 30, September 30, December 31, 2010 and March 31, 2011	3.5% or less of the total acute care beds occupied by clients awaiting long term care placement by March 31, 2011 FHHR Target – Maximum of 3 LTC patients in acute care beds at any given time with an ADC of less than 2. 3 beds equals 2.4% of available acute care capacity.	Target not met. Actual is 4.8%. Q4 had poorest performance due to 12% drop in LTC admissions over past 6 months. Average wait time for LTC placement in first available bed increased from 26 days to 47 days. Have begun to subsidize clients to be discharged to personal care home and have developed an "Over Capacity Protocol" which is initiated when MJUH exceeds normal capacity and cancellation of surgeries is contemplated. Strategy is consistent with guidelines provided by Ministry.		ED, CS and CC

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Big Dot Measure: Number of patients waiting longer than 12 months for surgery
Number of patients waiting longer than 18 months for surgery

Big Dot Target: All patients receive surgery within 18 months by March 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Develop and implement the Saskatchewan Surgical Initiative (SkSI), a multi-year, system-wide initiative to transform the patient surgical experience and reduce surgical wait times to three months in four years.				Quarterly	ED, CS
• Reduce wait times for surgery (1.1 SkSI)	Number of patients waiting longer than 12 months for surgery	0% of patients waiting more than 12 months for surgery	Meeting target.		
• Increase surgical volumes to eliminate the backlog (1.2 SkSI)	Number of surgeries performed compared with 2009-2010	100% of expected surgical case volumes – 3,940 cases	Target not met. 93% of surgeries completed.		
• Reduce wait times for diagnostic imaging (1.3 SkSI)	Historical elective CT scan wait time by region	Perform all elective CT scans within 90 days by March 31, 2011	Meeting target. Longest wait for lowest priority is 50 days.		
• Expanded use of Hip and Knee Pathway (1.5 SkSI)	Status of implementation of Hip and Knee Pathway	Full implementation by the end of Q1 2010-11; Clinical trials by December 2010; Two multidisciplinary clinics begin seeing pathway patients by January 2011; Implementation of clinical portion of pathway begins by March 2011	Pathway fully implemented. Currently no wait list within FHHR for hip and knee procedures.		

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Implement Pursuing Excellence in MHAS					ED, MHA
• Missed Appointments	• Process developed to notify clients of appointments and missed appointments by January 31, 2011	• 20% reduction in missed appointments by March 31, 2011 • 100% of clinicians will follow policy for responding to client missed appointments by March 31, 2011	A policy has been developed for clinicians to follow up with clients who miss appointments. Clinicians have reported a reduction in missed appointments however, specific data is not yet available.		
• Psychiatry Workload	• Gather baseline wait times for new and follow up client appointments by January 31, 2011	• Workload measurement system will be in place by March 31, 2011	Target met.		
• Redesign of Community Mental Health Nurse (CMHN) program to recovery model	• Staff education of Recovery Model will be complete by January 31, 2011	• Recovery Model Framework will be complete by March 31, 2011. Target revised to September 2011.	Target not met. Target revised to September 2011.		
• Increase access and flow of clients presenting for service	• Relocate reception services to one location (4th floor) by January 31, 2011	• 100% of clients will access services from 4th floor reception by March 31, 2011	Target met.		
*Participate in the development of a provincial **Seniors' Care Strategy** that will identify and address gaps in the current continuum of care **(Ministry led/CCB)***	*Status of developing the strategy*	*Strategy completed and shared internally by March 31, 2011*	*Provincial Strategy is being developed by Ministry. Other than work in areas of falls prevention and LTC patients in AC beds, Ministry has not provided any significant information on the strategy.*		*ED CC and PHC*

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Implement Pursuing Excellence in MHAS					ED, MHA
• Missed Appointments	• Process developed to notify clients of appointments and missed appointments by January 31, 2011	• 20% reduction in missed appointments by March 31, 2011 • 100% of clinicians will follow policy for responding to client missed appointments by March 31, 2011	A policy has been developed for clinicians to follow up with clients who miss appointments. Clinicians have reported a reduction in missed appointments however, specific data is not yet available.		
• Psychiatry Workload	• Gather baseline wait times for new and follow up client appointments by January 31, 2011	• Workload measurement system will be in place by March 31, 2011	Target met.		
• Redesign of Community Mental Health Nurse (CMHN) program to recovery model	• Staff education of Recovery Model will be complete by January 31, 2011	• Recovery Model Framework will be complete by March 31, 2011. Target revised to September 2011.	Target not met. Target revised to September 2011.		
• Increase access and flow of clients presenting for service	• Relocate reception services to one location (4th floor) by January 31, 2011	• 100% of clients will access services from 4th floor reception by March 31, 2011	Target met.		
*Participate in the development of a provincial **Seniors' Care Strategy** that will identify and address gaps in the current continuum of care **(Ministry led/CCB)***	*Status of developing the strategy*	*Strategy completed and shared internally by March 31, 2011*	*Provincial Strategy is being developed by Ministry. Other than work in areas of falls prevention and LTC patients in AC beds, Ministry has not provided any significant information on the strategy.*		*ED CC and PHC*

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
*Participate in the research and development of a new approach to the delivery of **primary health care services** to achieve the Triple Aim, which focuses on achieving improvements in patient experience, costs and population health **(Ministry led/PHSB)***	*Status of developing a new approach to the delivery of primary health care services.*	*New approach developed by March 31, 2011.*	*ED, PHC actively participating as member of PHC Redesign Task Force on Community Engagement. 3- day session May 18 to 20 will bring the three PHC Redesign Task Force teams together to initiate the core concepts for drafting the Framework for PHC Redesign in Saskatchewan. The report is anticipated for release by Fall 2011.*		*ED, PHC*
*Participate in the development of a **Mental Health Strategy** that brings together health and community workers, community-based organizations and other stakeholders **(Ministry led/CCB)***	*Status of developing the strategy*	*Strategy completed and shared internally by March 31, 2011*	*2 provincial current and future state maps have been developed. FHHR MH & AS participating as requested.*		*ED, MHA*
*Participate in the development of a comprehensive response to the **EMS Review (Ministry led/AESB)***	*Status of developing a comprehensive response to the EMS Review*	*Mobile Health Services Advisory Committee established by May 2010, with an initial meeting occurring in June 2010 Workplan and strategy completed by December 2010*	*Involved as required by the Ministry.*		*ED, CS*

1. HEALTH OF THE INDIVIDUAL

1.3 Continuously improve health care safety in partnership with patients and families

Big Dot Measure: Provincial Hospital Standardized Mortality Ratio (HSMR)
Big Dot Target: A board approved improvement plan to reduce HSMR to meet the provincial target that is below 75 by August 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Develop and implement a board-approved plan for ensuring that the organization is in compliance with relevant Canadian Standards Association (CSA) and Accreditation Standards for **infection prevention and control**.	Accreditation Canada's evaluation (as having "met" or "not met" compliance criteria) for each of the Required Organizational Practices (ROPs) under Infection Control in the latest survey for which results are available	RHA has met compliance criteria for each Infection Control ROP as evaluated by Accreditation Canada.	Target met. FHHR has met compliance criteria for all IC ROPs.	September 2010	ED, CS
*Review the **Critical Incident Reporting** processes to ensure that issue alerts are actionable **(Ministry led/AESB)***	*Status of completing a review of the critical incident review process* *Uptake of Issue Alerts by RHA*	*Review and recommendations completed by March 31, 2011* *100% uptake of applicable issue alerts by September 30, 2011*	*CEO involved in provincial Critical Incident Review/ Reporting Committee.* *Regional Quality Department participating as required.*		ED, S & C
Track and analyze all incidents in the region, including near misses	Report prepared and presented to the Board	Two reports presented (mid-year and end-year). QIRM has revised target to report quarterly in conjunction with Accreditation Standards.	Target met.	Quarterly	ED, S & C

1. HEALTH OF THE INDIVIDUAL

1.3 Continuously improve health care safety in partnership with patients and families

Big Dot Measure: Provincial Hospital Standardized Mortality Ratio (HSMR)
Big Dot Target: A board approved improvement plan to reduce HSMR to meet the provincial target that is below 75 by August 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Implement a formal **Medication Reconciliation Program** in compliance with Accreditation Canada (AC) standards and consistent with Canada's *Safer Healthcare Now!* Campaign to prevent medication errors at patient transition points	Status of developing a board-approved plan to implement medication reconciliation throughout the organization, including locations and timelines	A board-approved plan developed and submitted to the Ministry of Health by November 30, 2010	Target met. Board-approved Plan submitted to Ministry November 2010.	December 2010	ED, S & C
	Status of implementing medication reconciliation in one client service area at admission, transfer, discharge or end of service	Medication reconciliation implemented in one client service area at admission, transfer, discharge or end of service by March 31, 2011	Target met November 2008.		
	Status of developing a consistent method to monitor the Medical Reconciliation province wide	*A consistent method to monitor the medication reconciliation developed by March 31, 2011* ***(Ministry led/Patient Safety Initiative)***			
Ensure and support the full implementation of the Surgical Checklist in all regions providing surgical services (3.1 SkSI)	At least one audit of the implementation of the Surgical Checklist in each region delivering surgical services, which demonstrates regional standardization by service	At least one audit per region indicating 100% of implementation in all surgical cases and regional participation in the *Safer Healthcare Now!* Checklist action series by March 31, 2011	100% compliance in March and April 2011.	Quarterly	ED, CS
Reduce preventable Surgical Site Infections (SSI) through implementation of a care bundle from *Safer Healthcare Now!*	Full implementation of all components of the Surgical Site Infections Bundle from *Safer Healthcare Now!*	100% of all regions fully implemented all components of the bundle by March 2011	Target met. Full implementation in place for all 5 components of bundle.	Quarterly	ED, CS

2. HEALTH OF THE POPULATION

2.1 Improve population health through health promotion, protection and disease prevention

Big Dot Measure: % of daily youth (12-19 years of age) smokers in Saskatchewan
Big Dot Target: Reduce daily youth smoking rate to 9% by 2013-14

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
*Participate in the development of a provincial implementation plan to support the comprehensive **Tobacco Control Strategy**, including developing regulations and enforcement procedures for amendments to The Tobacco Control Act **(Ministry led/PHB)***	*Status of developing regulations and enforcement procedures for amendments to The Tobacco Control Act* *Status of developing implementation plan for Tobacco Control Strategy* *The Tobacco Control Strategy progress report for stakeholders*	*Development of regulations for the Tobacco Control Strategy by September 1, 2010* *Development of enforcement procedures for the Strategy by December 31, 2010* *The Tobacco Control Strategy Document and action plan completed by June 1, 2010* *Progress report for stakeholders produced by February 1, 2011*	*See initiatives below. Participating as required/led by Ministry.*		*MHO, ED PHC*
Development and promotion of a Pre-K to Grade 3 educational package on tobacco	Educational package finalized by 2011. Marketing plan for package finalized and released by March 2011.	Implementation of educational package on tobacco in 100% of Pre K-Grade 3 in Moose Jaw by December 2011.	Creation of educational package for school systems underway. Promotion of strategy and education package will take place once complete. Recommending healthy workplace to local business. RNAO project – see below.	Quarterly	MHO

2. HEALTH OF THE POPULATION

2.1 Improve population health through health promotion, protection and disease prevention

Big Dot Measure: % of daily youth (12-19 years of age) smokers in Saskatchewan
Big Dot Target: Reduce daily youth smoking rate to 9% by 2013-14

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Participate in administering the Registered Nurses Association of Ontario (RNAO) training	Number of cessations sessions held Number of attendees Number of trained champions	Implementation of tobacco cessation principles in everyday practice (acute care, primary health care and community) by November 19, 2010	Project completed March 31, 2011. 8 information sessions held with 34 attendees. 34 trained champions.	Quarterly	MHO
	Number of youth (12-19 years) smokers	Reduction in daily youth smoking rate by 2% (2011-2012).	Provincial target not met.		

2. HEALTH OF THE POPULATION

2.1 Improve population health through health promotion, protection and disease prevention

Big Dot Measure: Self-reported rates of obesity among the population 12-64 years of age in Saskatchewan
Big Dot Target: Reduction of self-reported rates of obesity by 5% by 2013-14 from the baseline (2007-08 data – 21.63% self-reported)

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Reduction of self-reported rates of obesity by 5% by 2013-14 from baseline data of 20.3% (self-reported in FHHR in 2007-08)	BMI, Adult, Obese	19.28%	Target not yet achieved. Actual is 29.8% obese. Actual obese and overweight is 63.4% in FHHR and 58.5% in SK.		
Partner with Regional Intersectoral Committee (RIC) to promote Healthy Active Lifestyles, the Early Childhood Strategy and the Poverty Reduction Strategy	RIC will implement targeted goals and objectives. FHHR will participate in achieving at least one of RIC goals and objectives by March 31, 2011.	Attendance and engagement with members at 100% of RIC meetings for 2010-11.	Target met. Five Hills representation on RIC (MHO, Director PH and ED, MHA). A $33,000 grant has been received with will require goal setting for coming year.	Quarterly	MHO, ED, MHA and ED, PHC
*Develop a promotion framework for **Healthy Weights (Ministry led/PHB)***	*Status of developing the framework*	*Framework developed by March 31, 2011*	*Framework not yet received from Ministry.*		*MHO, ED PHC*
*Produce a comprehensive **provincial health status report** that will inform the development of strategies to promote, improve, and maintain the health of Saskatchewan residents **(Ministry led/PHB)***	*Status of the comprehensive provincial health status report*	*Final report ready for distribution by September 31, 2011*	*Participating as required by Ministry.*		*MHO*
*Participate in the development and implementation of key actions that will enable good nutritional habits and oral hygiene practices for children at risk of severe tooth decay **(Ministry led/PHB)***	*Status of developing and implementing the key actions* *Number of children who require dental surgery attributed to poor nutritional habits*	*Key action developed and implemented by March 31, 2011* *Analysis of existing prevalence and existing program practice by March 31, 2011*	*Participating as required by Ministry.*		*MHO*

2.1 Improve population health through health promotion, protection and disease prevention

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Reduce the **number of falls and injuries from falls** for residents in all long term care (LTC) facilities, (including affiliated and for-profit LTC facilities) through the implementation of the *SHN!* Falls Prevention bundle, which aims to identify possible risk factors and fall prevention programs that can reduce the majority of falls	Status of establishing baseline and target for reducing the number of falls in all LTC facilities Status of establishing baseline for the number of surgeries performed as a result of falls among residents of all LTC facilities Status of implementing the *SHN!* Falls Prevention Bundle	Baseline and target for reducing the number of falls among residents of LTC facilities established by the Ministry of Health in consultation with RHAs by November 30, 2010 Baseline for the number of surgeries as a result of a fall among residents of LTC facilities established by the Ministry of Health by November 30, 2010 Implementation of the SHN! Falls Prevention bundle in 50% of LTC facilities by March 31, 2011 Implement remaining 50% by March 31, 2012.	Target met. Target met. Falls Prevention tool, care plan, and post-fall algorithm are in place in nearly all facilities. Target has been exceeded and remaining 50% will be implemented before October 2011.	Quarterly	ED, PHC and CC
*Develop and implement a **comprehensive injury prevention strategy (Ministry led/PHB)***	*Status of developing and implementing the strategy*	*Analysis of existing prevalence of injuries completed by March 31, 2011*			

2. HEALTH OF THE POPULATION

2.1 Improve population health through health promotion, protection and disease prevention (continued)

Big Dot Measure: Immunization rates within the publicly funded provincial immunization program, including immunization rates of two-year olds, grade 6 (HPV), long-term care residents and health care workforce

Big Dot Target: A board-approved regional improvement plan to meet or exceed the average provincial immunization rate of 70% by March 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Develop immunization plan, measures and target to present to the Board	Decrease delinquency rates for 2 and 7 year old cohorts by 1% of current delinquency rate, per annum.	2-year old target is ≥70% coverage for Pediacel and MMR vaccines	Target met. Actual is 76.79%for Pediacel and 75.81% for MMR.	Quarterly	MHO
		7-year old target is ≥70% coverage for DTaP-P vaccines	Target met. Actual is 83.16% coverage.		
	Increase HPV coverage	Increase HPV coverage by 1% per annum. Target is 70% coverage.	Target met. 76% coverage.		
	Improve health care workers influenza immunization rates by (current 51%)	60% by August 2011 61% by August 2012 62% by August 2013 Draft Ministry target is 70%	Target not met. 59% actual.		
	LTC Resident Influenza Coverage	≥70% coverage	Target met. 90% actual.		

Big Dot Measure: Number of new reported HIV cases by age in Saskatchewan

Big Dot Target: 5% reduction in the number of new reported HIV cases from the baseline (2011-12 data on the number of new reported HIV cases by 2013-14)

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Participate in the establishment of an independent provincial addiction agency ***(Ministry led/CCB)***	*Status of establishing the addiction agency*	*Addiction agency in place by November 1, 2010*	*Government has announced that an independent addictions agency will not proceed. However, the intended work of the agency will continue to be carried out by the Ministry and the regions.*		*ED, MHA*

2. HEALTH OF THE POPULATION

2.1 Improve population health through health promotion, protection and disease prevention (continued)

Big Dot Measure: Number of new reported HIV cases by age in Saskatchewan
Big Dot Target: 5% reduction in the number of new reported HIV cases from the baseline (2011-12 data on the number of new reported HIV cases by 2013-14)

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Development of Primary Health Care team to meet the immediate health needs of newly arriving government assisted refugees (newcomers) in partnership with RIC multicultural committee to assist in addressing overall health determinants. Immigration Canada recommends newcomers be seen by a healthcare professional within 7 days of arrival to their new community.	By March 31, 2011, 75% and by March 31, 2012, 100% of total newcomers to Moose Jaw will be seen by a physician or nurse practitioner for initial health assessment within 4 to 7 working days from date of arrival.	100% of newcomers will be seen by a physician or nurse practitioner for an initial health assessment within 4 to 7 working days of arriving in the Moose Jaw community by March 31, 2012.	Target met. Actual is 5.5 days to be seen from arrival. Fewer than anticipated numbers of newcomers has resulted in limited opportunity to test process as planned.	Annually	ED, PHC, MHO

2.1 Improve population health through health promotion, protection and disease prevention (continued)

Big Dot Measure: Number of new reported HIV cases by age in Saskatchewan
Big Dot Target: 5% reduction in the number of new reported HIV cases from the baseline (2011-12 data on the number of new reported HIV cases by 2013-14)

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
*Participate in the development of a comprehensive provincial three-year **HIV/AIDS Strategy** which includes improvement in the Needle Exchange Program (NEP) **(Ministry led/PHB)***	*Status of developing the strategy* *Status of implementing NEP initiatives, including standardization of materials and supplies used at NEP and the use of electronic data system to record client information and interactions (i.e., referrals)*	*Finalization of the strategy and implementation of short-term initiatives (i.e., point of care testing) by August 2010* *Implementation of the new NEP initiatives completed by August 2010*			*MHO*
Improve the quality of health services provide via the Needle Exchange Program (NEP)	NEP to integrate with PHC Services Periodically survey NEP clients re satisfaction with NEP process	August 2011 June 2011, and then every 3 years	Survey began May 2011. Results will be shared once tabulated. Big Dot Target is 5% reduction in number of newly reported HIV cases from the baseline. FHHR has low HIV numbers and a lower rate than Saskatchewan. Injection Drug Users (IDUs) continue to be high risk cohort in FHHR.	Quarterly	MHO

3. PROVIDERS

3.2 Work together to create safe, supportive and quality workplaces

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Improve scheduling process, attendance support and workplace safety to reduce **wage driven premiums and injury costs**	Number of sick time hours per FTE	FHHR target – 3% reduction in sick leave hours per FTE (68.62 hours/FTE)	Target not met 69.29 hours/FTE	Quarterly	ED, HR
	Number of wage-driven premium (WDP) hours per FTE	FHHR target – 6% reduction in number of WDP hours per FTE (21.46 hours/FTE)	Meeting target 20.88 hours/FTE		
	Number of lost-time WCB claims per 100 FTEs - Frequency	FHHR target – 5% reduction in number of lost-time WCB claims per 100 FTEs (5.43 claims/100 FTE)	Meeting target – 13.1% reduction in lost-time claims		
	Number of lost-time WCB days per 100 FTEs - Severity	FHHR target – 10% reduction in number of lost-time WCB days per 100 FTEs (560.23 days per 100 FTE)	Meeting target 275.28 days per 100 FTE		

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

Big Dot Measure: Number of SUN FTEs
Big Dot Target: RHA-specific targets to meet the SUN Partnership target achieved by March 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
*Participate in the development of a 10-year **Health Human Resources (HHR)** Plan that builds on the recruitment and retention initiatives and the Patient First Review **(Ministry led/WPB)***	*Status of a 10-year HHR plan*	*Final plan completed by November 30, 2010*	*Ministry has provided final draft of 10-year HHR plan at a March 2011 meeting. Plan has not yet been released but plans for release are being discussed.*		ED, HR

3. PROVIDERS

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers (continued)

Big Dot Measure: Annual turnover of physicians in Saskatchewan
% of Canadian-trained physicians working in Saskatchewan

Big Dot Target: Reduce the annual turnover of physicians in Saskatchewan to under 10% by 2013
10% increase in the percentage of Canadian-trained physicians working in Saskatchewan 2013

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
*Participate in the implementation of the **Physician Recruitment Strategy**, including:*					SMO, CEO
Operationalizing a Physician Recruitment Agency	*Status of operationalizing the Physician Recruitment Agency*	*Agency and Board established by April 2010; agency is operational by November 2010*	*Target met.*		
Establishing a new program to assess the skills of International Medical Graduates	*Status of developing and implementing the new program*	*Pilot implemented by December 31, 2010*	*Pilot implemented January 1, 2011.*		
Targeted recruitment of U of S medical students and residents	*Number of U of S medical graduates establishing practices in Saskatchewan*	*10% increase in the number of U of S medical graduates establishing practices in Saskatchewan by 2013*			
	Number of U of S medical students and residents exposed to training opportunities within Saskatchewan but outside of Saskatoon (Distributive Medical Education)	*25% increase in the number of U of S medical students and residents exposed to training opportunities outside of Saskatoon by 2013*			
*Automation of College of Physicians and Surgeons license application process (**Ministry led/MSB**)*	*Automation of College of Physicians and Surgeons license application process*	*Implementation by March 31, 2011*			

3. PROVIDERS

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers (continued)

Big Dot Measure: Number of newly-hired health system employees self-identifying as "Aboriginal"
Big Dot Target: Board-approved target for the number of newly-hired Aboriginal employees achieved by March 3, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in RHAs	Status of implementing a board-approved target for the number of newly-hired Aboriginal employees based on the Representative Workforce Plan developed in 2009-10	Meet the board-approved target set for 2010-11 by March 31, 2011. To achieve a representative workforce with regard to aboriginal representation, the target in FHHR is 2.89% of employees.	Target not met. Actual is 1.55%.	Quarterly	ED, HR

Big Dot Measure:
Big Dot Target:

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Establish a leadership development plan	Increase in leaders attending development training, improved pulse survey scores related to leadership factors by 10% by March 31, 2011.	2 senior leaders to attend 1 leadership course through Banff Leadership Centre. Leadership will be an agenda item at every Management Forum meeting held quarterly.	ED, CS attended course in February 2011. Leadership presentations held each quarter at Management Forum.	Quarterly	CEO, ED, HR

3. PROVIDERS

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers (continued)

Big Dot Measure: Number of newly-hired health system employees self-identifying as "Aboriginal"
Big Dot Target: Board-approved target for the number of newly-hired Aboriginal employees achieved by March 3, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in RHAs	Status of implementing a board-approved target for the number of newly-hired Aboriginal employees based on the Representative Workforce Plan developed in 2009-10	Meet the board-approved target set for 2010-11 by March 31, 2011. To achieve a representative workforce with regard to aboriginal representation, the target in FHHR is 2.89% of employees.	Target not met. Actual is 1.55%.	Quarterly	ED, HR

Big Dot Measure:
Big Dot Target:

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Establish a leadership development plan	Increase in leaders attending development training, improved pulse survey scores related to leadership factors by 10% by March 31, 2011.	2 senior leaders to attend 1 leadership course through Banff Leadership Centre. Leadership will be an agenda item at every Management Forum meeting held quarterly.	ED, CS attended course in February 2011. Leadership presentations held each quarter at Management Forum.	Quarterly	CEO, ED, HR

4. SUSTAINABILITY

4.1 Achieve best value for money while improving the patient experience and population health.

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Work collaboratively with RHAs/SCA and other stakeholders to:				Quarterly	ED, F and CC
Implement "quick start" shared services initiatives (i.e., joint purchasing) to capture immediate cost savings for the health system	Amount of financial savings achieved from the "quick start" initiatives	$5 million system-wide savings by March 31, 2011. $131,000 savings in FHHR by March 31, 2011.	Target met. Actual savings $146,000.		
Develop a province-wide group purchasing system to increase the level of joint purchasing in Saskatchewan	Status of developing a province-wide group purchasing system	Province-wide group purchasing system developed by March 31, 2011	Target met.		
Take advantage of the New West Partnership ***(Ministry led)***	*% of purchases done jointly with AB and BC*	*2011-12 targets for % of purchases done jointly between AB and BC established by March 31, 2011*			

4. SUSTAINABILITY

4.1 Achieve best value for money while improving the patient experience and population health.

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Apply learnings from IHI related to "Dark Green Dollars"	Lean initiatives savings in medication reconciliation of $10-15,000 by June 2011	To realize savings through clinical efficiencies and effectiveness of up to $50,000 by November 2011	In process of collecting data re savings.	Annually	CEO

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
*Participate in the development of a **long-term capital plan** focusing on the renewal of healthcare facilities **(Ministry led/CRSB)***	*Status of the capital facility plan* *Status of developing the capital equipment framework*	*Public release of the capital facility plan by April 30, 2010* *Framework completed by March 31, 2011*	*Waiting on direction from Ministry Capital & Assets Branch following Lean Capital Value Stream exercise undertaken in March 2011.*		ED, ES
To undertake and complete the Ministry approved capital improvement projects targeted to long-term-care facilities and addictions facilities, and address priorities in capital maintenance identified in the VFA studies and by RHAs	Status of capital improvement projects as of September 30, 2009 and March 31, 2010	Progress on/completion of the following approved capital projects: MJUH Hospital Planning Life Safety/Emergency and Infrastructure Projects Replacement long term care buildings in Moose Jaw (Pioneers & Extendicare)	 Options study completed March 2011. Ongoing projects status updates provided to Capital & Assets Branch. Deferred pending direction from Capital & Assets Branch following Lean Capital Value Stream Exercise.	Quarterly	ED, ES

4. SUSTAINABILITY

4.1 Achieve best value for money while improving the patient experience and population health.

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Apply learnings from IHI related to "Dark Green Dollars"	Lean initiatives savings in medication reconciliation of $10-15,000 by June 2011	To realize savings through clinical efficiencies and effectiveness of up to $50,000 by November 2011	In process of collecting data re savings.	Annually	CEO

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
*Participate in the development of a **long-term capital plan** focusing on the renewal of healthcare facilities **(Ministry led/CRSB)***	*Status of the capital facility plan* *Status of developing the capital equipment framework*	*Public release of the capital facility plan by April 30, 2010* *Framework completed by March 31, 2011*	*Waiting on direction from Ministry Capital & Assets Branch following Lean Capital Value Stream exercise undertaken in March 2011.*		ED, ES
To undertake and complete the Ministry approved capital improvement projects targeted to long-term-care facilities and addictions facilities, and address priorities in capital maintenance identified in the VFA studies and by RHAs	Status of capital improvement projects as of September 30, 2009 and March 31, 2010	Progress on/completion of the following approved capital projects: MJUH Hospital Planning Life Safety/Emergency and Infrastructure Projects Replacement long term care buildings in Moose Jaw (Pioneers & Extendicare)	 Options study completed March 2011. Ongoing projects status updates provided to Capital & Assets Branch. Deferred pending direction from Capital & Assets Branch following Lean Capital Value Stream Exercise.	Quarterly	ED, ES

5. SUPPORTING PROCESS

5.1 Benchmark and model world-class high performing health systems

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Gain team knowledge regarding IHI/Triple Aim concepts and implementation in a variety of settings by attending international conferences or doing site visits to high performing organizations.	By March 2011, 8-10 PHC team members will attend conference/site visit to to learn clinical practice redesign, Triple Aim or other principles to support organizational transformation at the interface with customers level.	By March 2012, it is evident that team members have applied concepts learned at conference/site visit to daily practice.	Target being met. 12 PHC team members have attended various conferences and events related to this initiative.	Quarterly	ED, PHC
Develop knowledge of Lean architecture and implementation of cellular care/multidiscipline team care	SLT attendance at 80% of multi-disciplinary team meetings	100% of SLT demonstrate knowledge of cellular care/multidisciplinary team care – September 2010	Target met. Numerous SLT meetings with David Chambers and Stantec. Site visits to Los Angeles and Seattle to tour LEAN facilities.	Annually	ED, ES and PHC

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

Big Dot Measure: % improvement on each identified Lean outcome indicator for every cycle of improvement; (i.e., patient experience gains, staff and patient safety gains, defect reductions, lead time reductions, productivity gains, cost avoidance and savings)

Big Dot Target: Minimum 25% improvement on each targeted indicator for every cycle of improvement by March 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Continue to implement Lean initiatives in regions and SCA and develop and implement indicators to measure Lean outcomes, specifically **Discharge Planning**	% of RHAs and SCA with at least one Lean initiative underway	100% of RHAs and SCA with at least one Lean initiative underway by March 31, 2011	Discharge Planning from Medicine target date for discharge phase I process map underway. Project plan in place with implementation planned for February 2011. Estimated Length of Stay pilot complete.	Quarterly	ED, CS, SMO

5. SUPPORTING PROCESS

5.1 Benchmark and model world-class high performing health systems

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Big Dot Target: Minimum 25% improvement on each targeted indicator for every cycle of improvement by March 31, 2011

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Expand RTC to all medical and surgical wards in regional and tertiary hospitals in SK, specifically, advance RTC to LTC	Number of medical and surgical wards participating in RTC	A minimum of 15 wards participating in each of two cycles by March 31, 2011 Have RTC implemented at Providence Place by 2011	Pilot RTC in LTC underway at Providence Place. Update meeting with HQC scheduled for June 2011.	Quarterly	ED, CS and CC
Enhance quality and performance through the achievement of Accreditation Standards	Maintain Accreditation status with Accreditation Canada.	November 2011	Accreditation work underway in all departments.	Quarterly	ED, S & C
Apply clinical practice redesign improvements based on measures in each basic PHC site	March 31, 2011 access to basic PHC teams at stationary sites is within 48 hours. March 31, 2011 access to visiting physicians and NPs at visiting clinics is within 7 days. March 31, 2011 teams demonstrate time saved in process, inventory, conveyance and motion equivalent to 225 hours March 31, 2012 teams demonstrate time saved equivalent to 0.5 FTE with time reallocated back to QI activities to achieve further savings in non-value add activities.	PHC physicians and nurse practitioner achieve same day access through clinical practice redesign. PHC teams achieve decrease in non-value added activities equivalent to 225 hours by March 31, 2011 and by 975 hours by March 31, 2012 with documented reallocation of that time to further advance quality improvement activities.	Total of 385 hour saved and put into patient care over 4 quarters.	Quarterly	

5. SUPPORTING PROCESS

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5. SUPPORTING PROCESS

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Continue to advance the Chronic Disease Management (CDM) Collaborative Quality Improvement processes as a component of the daily work of the PHC teams	By March 31, 2011, 4 PHC teams will demonstrate improvements in 6 out of 7 measures. By March 31, 2012, 4 PHC teams will achieve the identified provincial targets for these CDM measures:	In keeping with the provincial CDM Collaborative, teams will achieve the evidence-based targets.		Quarterly	ED, PHC
	Diastolic & Systolic Blood Pressure (BP) for people living with diabetes	75% of patients with a BP level ≤ 80 diastolic 75% of patients with a BP level ≤ 130 systolic	Target being met. Actual is 84.2%. Target not yet met. Actual is 57.7%		
	Diastolic & Systolic BP for people living with cardiovascular disease	75% of patients with a BP level ≤ 90 diastolic 75% of patients with a BP level ≤ 140 systolic	Target being met. Actual is 88.5%. Target not met. Actual is 70.80%.		
	10% reduction in number of people with 1 of 4 identified chronic conditions who smoke	CDM Collaborative calls for a general reduction in patients who smoke.	Target not yet met. % has increased due to consistently asking the patient if they smoke and consistently documenting.		
	25% increase in documented PHQ-9 (Patient Health Questionnaire) score to screen for depression	CDM identified need for screening and general increase in use.	Exceeding target. Actual is 35.46% increase over the year.		
	85% of people with COPD have diagnosis confirmed by spirometry	CDM identified need for general increase.	Meeting target. 84.24% confirmed by spirometry.		

5. SUPPORTING PROCESS

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5. SUPPORTING PROCESS

5.3 Leverage technology to achieve improvements in patient care and system performance (i.e., EHR, Telehealth, Diagnostics)

Initiative	Initiative Measure	Initiative Target	Analysis of Progress	Reporting Timeline	Lead
Big Dot Measure: % of practicing physicians who have a fully implemented electronic medical record (EMR) **Big Dot Target:** 25% of practicing physicians have a fully implemented EMR by March 31, 2011					
Develop, in collaboration with provincial stakeholders, a long-term strategy related to implementation of e-Health initiatives including all facets of provincial electronic health record ***(Ministry led/HISC)***	*Status of developing a long-term e-Health Strategy*	*Strategy developed by August 31, 2010*	*eHealth Saskatchewan Board developing engagement strategy for the health sector to develop a multi-year eHealth strategy for the province. Target completion date for the strategy is Fall 2011.*		
Public Health Inspection electronic platform system	Percentage of inspections conducted using present format vs. electronic format	Initiate Hedgerow process in public eating establishments by January 31, 2011 All facilities to be inspected using the electronic system by March 31, 2012.	Target being met. Hedgerow software operational as of April 4, 2011.	February 2011	MHO
To advance the implementation of the Primary Health Care Solution (EMR) to Central Butte, Craik, Kincaid, Gravelbourg and the Wellness Centers	% of PHC physicians who have a fully implemented electronic medical record	100 % of PHC physicians have full implementation of PHC Solution by March 31, 2012	Kliniek on Main – 100% Central Butte – 50% Craik – June 7, 2011 Assiniboia SCMC – is using SMA electronic record and have partially implemented	Quarterly	ED, PHC

5. SUPPORTING PROCESS

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Management Report

May 25, 2011

Five Hills Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cheryl Craig, BSN
Chief Executive Officer

Wayne Blazieko, CMA, MSA, B. Admin
Chief Financial Officer

2010-2011 Financial Overview

The annual operating fund budget for 2010-11 was $126.5M (million). The actual operating fund revenues were $134.3M and operating fund expenses were $130.8M; resulting in an operating fund surplus of $3.5M (2.7% of operating expenses).

Overall, 93% of the operating fund revenue was provided by funding from the Ministry of Health. About 45% of the operating budget was spent on hospital services, 30% on long term and supportive care, 18% on community-based/public health/primary care/home care services, 4% on program support and administration and 3% on other. Approximately 88% of the annual budget was spent on salaries and benefits (includes grants to contractors).

Subsequent to budget approval, $6.5M of additional funding was received for collective bargaining agreements, medical remuneration rate increases and out of scope compensation. Correspondingly, all of these increases in funding were offset by increased expenses in the operating fund program areas and thus the primary reason for the unfavorable expense variance in the various program areas.

The reasons for the overall favorable variance for the operating fund surplus are, in part, attributed to:

i) Higher income related to:
- Saskatchewan Association of Health Organization SUN partnership ($.13M);
- mortgage funding (accounting policy change - $.19M);
- interest income (higher rates $.17M);
- joint job evaluation debt retirement funding ($.11M);
- third party payers (e.g., other provinces - $.17M); and
- long term care fees ($.3M).

ii) Lower expenses related to:
- employee benefits (i.e., lower participation in registered pension plan and lower Workers' Compensation Board rates - $.1M);
- utilities favorable pricing (natural gas $.24M and power $.05M);
- prostheses – primarily lower surgical volumes for orthopedic and ophthalmology procedures ($.28M);
- drugs and gases – primarily lower drug utilization in various clinical areas ($.26M);
- laboratory and radiology supplies – lower utilization in acute care settings attributed to lower volumes and changes in radiology technology ($.28M);
- travel expense - lower utilization ($.15M) and;
- other including insurance, food, and contracting (favorable pricing $.33M).

The capital fund expenditures for 2010-11 were $4.7 million with 24% being spent on medical/surgical equipment, 9% on diagnostic imaging equipment, 16% on building and

building service equipment, 16% for capital grants to health care organizations, 10% for planning costs and 5% for mortgage obligations.

The actual capital fund revenues were $8.9 million (includes $7.1 million Ministry of Health funding) and capital fund expenses were $5.7 million (includes $4.3 million in amortization); resulting in a capital fund surplus of $3.2 million.

The annual restricted funds expenditures for 2010-11 was $.14 million with revenue of $.02 million; resulting in a restricted fund deficit for the year of $.12 million.

Guaranteed debt obligations total $1.6M and are related to mortgages for special care homes and are secured through the chattels of those facilities. Details related to this debt are disclosed in detail in note 5 of the audited financial statements that follow.

Audited Financial Statements

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Five Hills Regional Health Authority

We have audited the accompanying financial statements of **Five Hills Regional Health Authority.** which comprise the statement of financial position as at March 31, 2011, and the statements of operations and changes in fund balance and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Virtus Group LLP

May 25, 2011
Regina, Saskatchewan

Chartered Accountants

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2011

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2011	Total 2010 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 20,495,481	$ 25,683,280	$ 70,690	$ 46,249,451	$ 41,931,633
Accounts receivable					
Ministry of Health - General Revenue Fund	464,442	-	-	464,442	502,863
Other	855,846	41,741	22,414	920,001	773,235
Inventory	1,057,571	-	-	1,057,571	1,139,695
Prepaid expenses	932,205	-	-	932,205	1,099,552
	23,805,545	25,725,021	93,104	49,623,670	45,446,978
Investments (Schedule 2)	95,929	837,514	750,262	1,683,705	1,517,440
Capital assets (Note 3)	-	18,038,458	-	18,038,458	19,237,850
Total Assets	$ 23,901,474	$ 44,600,993	$ 843,366	$ 69,345,833	$ 66,202,268
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,337,716	$ 10,763	$ -	$ 5,348,479	$ 4,607,017
Accrued salaries	4,486,282	-	-	4,486,282	5,520,859
Vacation payable	6,376,622	-	-	6,376,622	5,718,609
Mortgages payable – Current (Note 5)	-	124,934	-	124,934	118,239
Deferred Revenue (Note 6)	6,472,952	-	-	6,472,952	10,149,856
	22,673,572	135,697	-	22,809,269	26,114,580
Long Term Liabilites					
Long term leases payable	-	-	-	-	-
Mortgages payable (Note 5)	-	1,662,284	-	1,662,284	1,786,629
Total Liabilities	22,673,572	1,797,981	-	24,471,553	27,901,209
Fund Balances					
Invested in capital assets	-	16,251,240	-	16,251,240	17,332,983
Externally restricted (Schedule 3)	-	11,552,413	843,366	12,395,779	6,847,008
Internally restricted (Schedule 4)	-	14,999,359	-	14,999,359	12,893,166
Unrestricted	1,227,902	-	-	1,227,902	1,227,902
Fund balances – (Statement 2)	1,227,902	42,803,012	843,366	44,874,280	38,301,059
Total Liabilities & Fund Balances	$ 23,901,474	$ 44,600,993	$ 843,366	$ 69,345,833	$ 66,202,268

Commitments (Note 4)
Pension Plan (Note 11)

Approved by the board of directors:

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2011

	Operating Fund			Restricted			
	Budget 2011	2011	2010 (Note 10)	Capital Fund 2011	Community Trust Fund 2011	Total 2011	Total 2010 (Note 10)
REVENUES							
Ministry of Health - General	$ 118,411,766	$ 125,256,122	$ 119,064,298	$ 7,221,778	$ -	$ 7,221,778	$ 961,434
Other provincial	941,315	1,135,681	880,553	66,836	-	66,836	47,774
Federal government	117,800	174,232	140,761	-	-	-	-
Funding from other provinces	-	-	-	-	-	-	-
Special funded programs	929,762	974,549	923,126	-	-	-	-
Patient fees	3,651,000	3,780,648	3,667,436	-	-	-	-
Out of province (reciprocal)	757,800	782,469	803,135	-	-	-	-
Out of country	16,500	98,011	8,632	-	-	-	-
Donations	6,300	22,985	82,278	1,364,575	-	1,364,575	1,481,004
Investment	107,201	275,590	109,047	226,544	24,880	251,424	164,739
Ancillary	157,638	183,277	161,033	20,600	-	20,600	20,600
Recoveries	1,357,735	1,601,338	1,947,993	-	-	-	-
Other	21,700	4,394	51,593	78,525	-	78,525	40,803
Total revenue	126,476,517	134,289,296	127,839,885	8,978,858	24,880	9,003,738	2,716,354
EXPENSES							
Province wide acute care services	1,683,408	1,664,696	1,552,870	42,131	-	42,131	94,805
Acute care services	44,698,951	45,895,001	44,356,026	3,589,922	-	3,589,922	2,991,519
Physician compensation - acute	6,835,593	8,089,355	6,973,275	-	-	-	-
Supportive care services	37,412,641	39,090,843	38,639,403	1,550,498	7,340	1,557,838	1,764,719
Home based service - supportive care	6,276,988	6,473,384	6,445,769	10,942	-	10,942	8,730
Population health services	3,744,074	3,680,196	3,721,931	19,034	-	19,034	14,713
Community care services	6,867,770	6,984,550	6,267,976	5,295	12,000	17,295	5,346
Home based services - acute & palliative	1,395,290	1,387,458	1,350,182	-	97,784	97,784	90,685
Primary health care services	2,072,330	1,864,917	1,801,738	71,200	-	71,200	29,392
Emergency response services	2,641,025	2,802,266	2,671,162	144,914	-	144,914	3,637
Mental health services - inpatient	2,871,434	2,887,577	2,908,296	10,301	-	10,301	5,391
Addictions services - residential	966,888	966,888	957,314	262,117	-	262,117	40,249
Physician compensation - community	2,771,204	2,483,228	2,143,999	-	-	-	-
Program support services	5,091,776	5,392,132	4,879,313	53,435	19,332	72,767	60,265
Special funded programs	962,216	1,001,677	954,207	-	-	-	-
Ancillary	184,911	153,583	158,746	5,817	-	5,817	6,495
Total expenses (Schedule 1)	126,476,498	130,817,751	125,782,207	5,765,606	136,456	5,902,062	5,115,946
Excess (Deficiency) of revenues over expenses	$ 19	3,471,545	2,057,678	3,213,252	(111,576)	3,101,676	(2,399,592)
Fund Balances, beginning of year		1,227,902	1,227,902	36,118,215	954,942	37,073,157	37,415,071
Interfund transfers (Note 14)		(3,471,545)	(2,057,678)	3,471,545	-	3,471,545	2,057,678
Fund balances, end of year		$ 1,227,902	$ 1,227,902	$ 42,803,012	$ 843,366	$ 43,646,378	$ 37,073,157

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2011

	Operating Fund		Restricted Fund			
	2011	2010 (Note 10)	Capital Fund	Community Trust Fund	Total 2011	Total 2010 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ 3,471,545	$ 2,057,678	$ 3,213,252	$ (111,576)	$ 3,101,676	$ (2,399,591)
Net change in non-cash working capital (Note 7)	(3,164,939)	8,554,588	(3,071)	(2,871)	(5,942)	1,552
Amortization of capital assets	-	-	4,400,025	-	4,400,025	4,254,713
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	306,606	10,612,266	7,610,206	(114,447)	7,495,759	1,856,674
Purchase of capital assets						
Buildings/construction	-	-	(846,613)	-	(846,613)	(2,239,664)
Equipment	-	-	(2,354,019)	-	(2,354,019)	(4,316,447)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
(Purchase) Sale of long-term investment	(64,350)	47,216	(150,580)	48,666	(101,914)	(5,089)
	(64,350)	47,216	(3,351,212)	48,666	(3,302,546)	(6,561,200)
Repayment of debt	-	-	(117,650)	-	(117,650)	(111,915)
Net increase in cash & short term investments during the year	242,256	10,659,482	4,141,344	(65,781)	4,075,563	(4,816,441)
Cash & short term investments, beginning of year	23,724,770	15,122,966	18,070,391	136,471	18,206,862	20,965,625
Interfund transfers (Note 14)	(3,471,545)	(2,057,678)	3,471,545	-	3,471,545	2,057,678
Cash & short term investments, end of year (Schedule 2)	**$ 20,495,481**	**$ 23,724,770**	**$ 25,683,280**	**$ 70,690**	**$ 25,753,970**	**$ 18,206,862**

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2011

1. Legislative Authority

The Five Hills Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Extendicare (Canada) Inc.
Moose Jaw Alcohol and Drug Abuse Society Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments as one of the following categories: held-to-maturity, held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income.

Loans and receivables, held to maturity and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-to-maturity. Transaction costs related to held-to-maturity financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2011 (2010 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA mitigates risk associated with these financial instruments by purchasing relatively short term low risk investments and classifying those investments as held-to-maturity.

The RHA is exposed to financial risks as a result of financial instruments. The risks the RHA is exposed to are:

i. Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2011			March 31, 2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 266,556	$ -	$ 266,556	$ 266,556
Land Improvements	536,039	419,542	116,497	90,633
Buildings	43,116,601	32,666,300	10,450,301	11,779,602
Equipment	30,959,857	23,754,752	7,205,105	7,077,724
Construction in progress	-	-	-	23,335
	$ 74,879,053	$ 56,840,595	$ 18,038,458	$ 19,237,850

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2011, commitments for acquisition of capital assets were $513,723 (2010 - $1,351,462).

b) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2010. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2011	2010
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016	$111,723	$128,183
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date – July 1, 2019	45,914	$49,884
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	760,298	$776,349
Regency Manor CMHC, due August 1, 2019	4.37%	$99,558 principal & interest of which $23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016.	701,054	$768,643
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	54,115	$56,266
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	114,114	$125,542
			$1,787,218	$1,904,867
Less: Current portion			124,934	118,238
			$1,662,284	$1,786,629

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2012	$ 124,934
2013	132,086
2014	139,710
2015	147,841
2016	156,519
2017 and subsequent	1,086,128

6. Deferred Revenue

	Balance Beginning of Year	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Sask Health Initiatives					
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	353,945	1,797,258	197,796	1,797,258	156,149
Work Place Wellness	96,051	103,116	96,051	103,116	-
Family Support and Rehab	67,891	-	-	-	67,891
Approved home enhancements	11,382	61,680	-	41,310	31,752
Surgical Access	47,464	-	-	-	47,464
CT Evaluation	16,110	-	-	-	16,110
Nursing Council	12,833	-	12,833	-	-
Alt Physician Pymt C Butte	272,555	323,825	-	62,806	533,574
Alt Physician Pymt Moose Jaw	7,230	550,910	-	509,833	48,307
Alt Physician Pymt Craik	-	323,700	-	319,599	4,101
Alt Phys Pymt Teen Wellness	8,106	12,196	-	3,861	16,441
Professn'l Development Fund	30,912	-	11,560	-	19,352
Workforce Retention - Dementia Care Training	14,694	-	12,770	-	1,924
Needle Exchange	52,200	16,000	6,449	16,000	45,751
Undesig Medical Remuneration	186,205	-	-	-	186,205
Primary Health Care Central Butte Site	241,670	283,380	32,099	283,380	209,571
Primary Health Care Craik	7,398	146,820	-	124,489	29,729
Primary Health Care Moose Jaw	-	85,000	-	45,618	39,382
Renal Dialysis Project	86,859	-	-	-	86,859
HIPA Implementation	7,105	-	-	-	7,105
Aboriginal Awareness Training	7,676	15,000	-	1,101	21,575
SIMS/PHIS	10,403	-	-	-	10,403
Addictions Cross Training	47,702	50,000	-	49,323	48,379
Addictions	3,663	80,000	-	76,423	7,240
Addictions Community Supports	97,321	259,000	31,194	259,000	66,127
Joint Replacement Surgery - Hip Knee Pathway	360,078	-	2,106	-	357,972
Safestart Program Quality Workplace	65,110	10,000	3,968	10,000	61,142
Nursing Education/Professional Development RN/RPM	50,737	-	-	-	50,737
Nursing Education/Professional Development LPN	7,217	-	324	-	6,893
Recruitment initiatives	30,000	-	-	-	30,000
Nurse Mentorship Initiative	144,425	-	27,496	-	116,929
Safety Training Initiatives (OH&S)	139,880	-	73,343	-	66,537
Addictions Secure Youth Detox	109,024	101,110	25,424	101,110	83,600
Public Health Capacity	196,840	35,500	-	-	232,340

	Balance Beginning of Year	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Sask Health Initiatives cont'd					
Infection Control	158,384	(55,000)	55,000	(55,000)	103,384
Infection Control - Prevention and Control	65,127	112,416	-	51,745	125,798
MDS Home Care	46,213	-	-	-	46,213
Surgical Waitlist Incentive	89,526	-	57,043	-	32,483
Autism Services	154,289	166,000	40,707	166,000	113,582
Physician Funding Kincaid	99,294	126,048	-	67,565	157,777
Physician Funding Anesthesia	-	43,784	-	-	43,784
Renal Dialysis funding 0809	274,945	-	-	-	274,945
Integration Training MHAS	24,354	-	24,354	-	-
New Graduate Mentorship	122,011	-	60,019	-	61,992
Telehealth Expansion Gravelbourg	33,528	-	23,520	-	10,008
Angus Campbell Centre - clinical supervisor	254,000	-	-	-	254,000
Pandemic H1N1	236,000	-	36,160	-	199,840
Paramedic Act Changes	14,250	-	14,250	-	-
Physician Issues	100,000	-	56,662	-	43,339
High Risk Youth	40,138	551,107	40,138	551,107	-
2010/11 Biweekly payment advance	4,472,115	-	4,472,115	-	(0)
Shared Decision Making	-	44,750	-	-	44,750
Patient Family Centred Care	-	4,000	-	-	4,000
Surgical Initiatives	-	1,002,010	-	-	1,002,010
Total Sask Health	**$ 8,974,860**	**$ 6,249,610**	**$ 5,413,381**	**$ 4,585,644**	**$ 5,225,445**
Non Sask Health Initiatives					
Sask Learning - General Revenue Fund - Kids First Targeted	$ 120,733	$ 654,721	$ 45,510	$ 654,721	$ 75,223
Sask Learning - General Revenue Fund - Kids First Non Targeted	-	72,500	-	70,548	1,952
Sask Social Services - General Revenue Fund - Housing Advance	1,940	-	1,940	-	(0)
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	12,277	15,500	-	11,471	16,306
University of Sask - pharmacy clinical student program	5,000	11,867	-	5,000	11,867
Immigration Canada - newcomers population health needs	9,660	28,794	9,660	28,794	-
Other - Special Needs	267,440	209,518	11,498	209,518	255,942
Other - Career employment services	10,500	66,157	-	66,157	10,500
Other - SGI Acquired Brain Injury Prov Coord Adv	23,682	95,435	-	94,724	24,393
Other - SGI Acquired Brain Injury Comm Coord Adv	20,275	81,711	-	81,103	20,883
Other - SGI Acquired Brain Injury Independent Living Adv	11,838	47,709	-	47,354	12,193
Other - SGI Acquired Brain Injury Comm Coord	35,127	-	-	(14,827)	49,954
Other - SGI Acquired Brain Injury Prov Coord	-	-	-	(4,731)	4,731
Other - SGI Acquired Brain Injury Independent Living	16,366	-	147	-	16,219

	Balance Beginning of Year	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Non Sask Health Initiatives Cont'd					
RQRHA Autism Respite	-	10,000	-	-	10,000
GST Rebate Claim LTC	-	214,358	-	-	214,358
Other - Resource Centre	36,695	-	-	-	36,695
Mental Health Clinical Conference	20,573	(3,500)	4,098	(3,500)	16,475
Other - MJ Health Foundation	20,072	-	-	-	20,072
Other - Assiniboia Union Hospital	28,504	10,000	9,622	10,000	18,882
Other - Central Butte Regency Hospital	132,546	5,000	68,604	5,000	63,942
Other - Craik Health Centre	40,014	-	-	-	40,014
Other - Home Care Palliative	18,673	-	-	-	18,673
Other - First Nations Health Employer Support	18,451	-	-	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	607	-	-	-	607
Other - Canadian Public Health Association	11,790	-	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	224,925	-	13,778	-	211,147
Other - Safe Community Assiniboia	7,514	(968)	7,514	(968)	-
Other - Community Youth Program	21,250	87,550	-	86,913	21,887
Other - HQC Pursuing Excellence	50,158	-	25,158	-	25,000
Other - miscellaneous	8,386	11,000	-	35	19,351
Total Non Sask Health	**$ 1,174,996**	**$ 1,617,352**	**$ 197,529**	**$ 1,347,312**	**$ 1,247,507**
Total Deferred Revenue	**$ 10,149,856**	**$ 7,866,962**	**$ 5,610,910**	**$ 5,932,956**	**$ 6,472,952**

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2011	2010	Capital Fund	Community Trust Fund	Total 2011	Total 2010
(Increase) Decrease in accounts receivable	$ (102,956)	$ (59,019)	$ (2,519)	$ (2,871)	$ (5,390)	$ 2,076
(Increase) in inventory	82,124	(276,327)			-	
(Increase) Decrease in prepaid expenses	167,347	24,054			-	
Increase (Decrease) in accounts payable	742,014	740,207	(552)		(552)	(524)
Increase in accrued salaries	(1,034,577)	2,660,266			-	
Increase in vacation payable	658,013	297,752			-	
Increase in deferred revenue	(3,676,904)	5,167,655			-	
	$ (3,164,939)	$ 8,554,588	$ (3,071)	$ (2,871)	$ (5,942)	$ 1,552

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2011 is $3,004 (2010 - $4,721) and is included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2011	2010
Revenues		
Workers Compensation	$ 295,562	$ 297,497
Ministry of Learning	770,779	739,398
	$ 1,066,341	$ 1,036,895

	2011	2010
Expenses		
Saskatchewan Association of Health Organizations	$ 3,420,962	$ 3,176,264
Saskatchewan Health Employees Pension Plan	4,446,193	4,188,343
Saskatchewan Energy	461,255	509,654
Saskatchewan Power	778,053	734,020
Ministry of Government Services	421,047	456,430
Ehealth Sask	110,314	-
Sask Tel	261,523	249,072
Valleyview	703,101	711,051
Workers Compensation	1,080,343	1,075,230
	$ 11,682,791	$ 11,100,064
Prepaid Expenditures		
Workers Compensation	$ 278,978	$ 255,357
Saskatchewan Association of Health Organizations	122,270	118,710
	$ 401,248	$ 374,067
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 226,359	$ 207,501
	$ 226,359	$ 207,501

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2011	2010
Extendicare (Canada) Inc.	$ 6,173,362	$ 6,424,556
Moose Jaw Alcohol and Drug Abuse Society Inc.	1,284,860	1,053,418
Canadian Mental Health Association	12,655	12,406
Thunder Creek Rehabilitation Association Inc.	924,993	658,949
Lifeline Ambulance Service Inc.	1,840,900	1,395,226
Hutch Ambulance Service Inc.	618,311	527,798
	$ 10,855,081	$ 10,072,353

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2011	2010
Providence Place for Holistic Health Inc.	$ 13,139,055	$ 12,789,275
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	5,010,562	4,778,579
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	295,907	232,378
	$ 18,445,524	$ 17,800,232

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2011 and 2010.

	Total 2011	Total 2010
Balance Sheet		
Assets	$4,703,615	$5,408,910
Net Capital Assets	23,827,693	24,385,054
Total Assets	$28,531,308	$29,793,964
Total Liabilities	$4,937,893	$5,668,876
Total Net Assets	23,593,415	24,125,088
	$28,531,308	$29,793,964

	Total 2011	Total 2010
Results of Operations		
RHA Grant	$18,287,380	$17,776,982
Other Revenue	4,648,566	4,423,344
Total Revenue	$22,935,946	$22,200,326
Salaries & Benefits	$18,742,550	$18,256,259
Other Expenses*	4,725,069	4,603,779
Total Expenses	$23,467,619	$22,860,038
Excess Revenue over Expenses	($531,673)	($659,712)

* Other Expenses includes amortization of $1,152,695 (2010-$1,132,076)

Amortization	1,152,695	$1,132,076

	Total 2011	Total 2010
Cash Flows		
Cash from Operations	($258,816)	$438,114
Cash used in financing activities	474,675	215,295
Cash used in Investing activities	(595,333)	(215,190)
Increase (decrease) in cash	($379,474)	$438,219

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In 2011 and in accordance with donor-imposed restrictions, $717,939 (2010 - $382,669) of the foundation's net assets must be used to purchase specialized equipment. In 2010, the foundation's total expenses include contributions of $1,178,010 (2009 - $654,365) to the RHA/community.

10. Comparative Information

Certain 2009-10 balances have been reclassified to conform with the current year's presentation.

11. Pension

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) – This is a defined benefit pension plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2011					2010
	SHEPP[1]	PSSP	PEPP	MEPP	Total	Total
Number of active members	1,146	0	21	1	1,168	1,172
Member contribution rate, percentage of salary	7.20-9.60%*	7.00-9.00%*	5.00-7.00%*	6.40-6.40%*		
RHA contribution rate, percentage of salary	8.064-10.752%*	29.19-37.53%*	6.00-7.00%*	6.40-6.40%*		
Member contributions (thousands of dollars)	4,024	0	99	5	4,128	3,497
RHA contributions (thousands of dollars)	4,341	0	100	5	4,446	4,188

* Contribution rate varies based on employee group.
1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2011. Inactive members are transferred to SHEPP and not included in these results. SHEPP contribution rates increased on April 1, 2011 (i.e., from 7.20% to 7.70% and from 9.60% to 10.00% for members; RHA contribution rates increased by the same proportion).

12. Budget

The RHA Board approved the 2010-2011 budget plan on May 26, 2010.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHAs receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is based on quoted market values.

- The fair value of mortgages and term loan payable before the repayment required within one year, is $1,796,790 (2010 - $1,937,904) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2011			2010		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (3,343,284)	$ 3,343,284	$ -	$ (1,999,329)	$ 1,999,329	$ -
Mortgage repayment	(186,610)	186,610	-	-	-	-
SHC reserves	58,349	(58,349)	-	(58,349)	58,349	-
	$ (3,471,545)	$ 3,471,545	$ -	$ (2,057,678)	$ 2,057,678	$ -

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Collective Bargaining Agreement:

The Health Sciences Association of Saskatchewan (HSAS) contract expired March 31, 2009 and the propose settlement has not been agreed to or ratified by the union. The Saskatchewan Union of Nurses (SUN) and Service Employees International Union (SEIU) contracts are in effect until March 31, 2012.

17. Future Accounting Changes:

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

Schedule 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2011

	Budget 2011	Actual 2011	Actual 2010
Operating:			
Advertising & public relations	$ 64,833	$ 55,281	$ 135,850
Board costs	117,224	76,831	101,152
Compensation - Benefits	11,535,389	11,690,005	11,378,843
Compensation - Salaries	59,746,028	62,635,818	60,605,567
Continuing education fees & materials	261,246	287,309	263,253
Contracted-out services - Other	2,329,204	2,361,291	2,153,635
Diagnostic imaging supplies	417,767	166,769	268,641
Dietary supplies	109,203	114,148	110,083
Drugs	1,681,257	1,423,595	1,392,611
Food	1,233,433	1,124,880	1,186,045
Grants to ambulance services	2,204,288	2,613,099	2,177,951
Grants to health care organizations	23,964,863	25,387,493	24,802,110
Housekeeping & laundry supplies	553,824	554,677	566,769
Information technology contracts	305,042	439,810	313,455
Insurance	312,891	244,009	286,419
Interest	2,774	1,706	218
Laboratory supplies	1,200,730	1,049,818	1,078,896
Medical remuneration & benefits	9,484,089	10,438,249	8,956,082
Medical & surgical supplies	2,316,449	2,308,932	2,059,832
Meetings	-	2,610	2,475
Office supplies & other office costs	671,862	590,983	629,498
Other	9,274	38,828	94,441
Professional fees	596,809	621,973	618,414
Prosthetics	847,680	549,128	647,141
Purchased salaries	494,976	341,429	500,973
Rent/lease/purchase costs	1,231,004	1,586,656	1,349,320
Repairs & maintenance	685,081	586,167	599,013
Service contracts	904,169	895,012	757,232
Supplies - Other	266,382	174,529	199,226
Therapeutic supplies	59,701	56,612	79,412
Travel	1,115,739	940,736	1,028,033
Utilities	1,753,287	1,459,369	1,439,617
Total Operating Expenses	$ 126,476,498	$ 130,817,752	$ 125,782,207
Restricted:			
Amortization		$ 4,400,025	$ 4,254,713
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage Interest Expense		132,274	138,036
Other		1,369,763	723,197
		$ 5,902,062	$ 5,115,946

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2011

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 25,546,782			
RBC Dominion Securities	133,113			
	$ 25,679,895			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 25,409	n/a		
AGF Trust GIC	48,666	6/10/2011	2.15%	2.15%
	$ 74,075			
Total Cash & Short Term Investments	$ 25,753,970			
Long Term				
Royal Bank CPI Notes	$ 520,000	12/5/2012	US CPI + .64%	
ICICI Bank GIC	87,390	6/4/2013	4.68%	4.68%
Province of British Columbia	357,839	8/23/2013	6.81%	8.50%
Province of British Columbia	62,400	8/23/2013	3.90%	3.90%
TD Mortgage GIC	107,250	3/6/2014	3.75%	3.75%
TD Pacific Mortgage GIC	98,480	3/6/2014	3.75%	3.75%
NATCAN	48,666	6/10/2014	3.96%	3.96%
National Bank of Canada	48,666	6/10/2014	3.96%	3.96%
ICICI Bank GIC	95,000	9/9/2014	2.73%	2.73%
Manulife Bank GIC	55,580	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	63,528	12/24/2014	min 1%	min 1%
Ontario Hydro	42,977	8/18/2022	8.90%	8.90%
Total Long Term Investments	$ 1,587,776			
Total Restricted Investments	**$ 27,341,746**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 20,485,041			
Royal Bank	847			
RBC Dominion Securities	398			
Cash on hand	9,195			
	$ 20,495,481			
Bond/Mutual Fund:				
	$ -			
Total Cash & Short Term Investments	$ 20,495,481			
Long Term				
ICICI Bank GIC	$ 16,795	6/4/2013	4.68%	4.68%
Homequity Bank GIC	64,350	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	14,784	12/24/2014	min 1%	min 1%
Total Long Term Investments	$ 95,929			
Total Unrestricted Investments	**$ 20,591,410**			
Total Investments	**$ 47,933,156**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 46,249,451			
Total Long Term	$ 1,683,705			
Total Investments	**$ 47,933,156**			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2011

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 64,173	$ 679	$ -	$ 36,932	$ -	$ 27,920
Moose Jaw Union Hospital - Elsom/Mutrie	14,098	147	-	-	-	14,245
Craik Health Centre	129,068	1,324	-	-	-	130,392
Thunder Creek Home Care	746,611	22,720	-	99,524	-	669,807
South Country	992	10	-	-	-	1,002
Total Community Trust Fund	**$ 954,942**	**$ 24,880**	**$ -**	**$ 136,456**	**$ -**	**$ 843,366**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health - Capital Projects	$ 5,685,065	$ -	$ 7,139,000	$ 1,100,242	$ 378,411	$ 11,345,412
Moose Jaw Health Foundation - diagnostic imaging	207,001	-	-	-	-	207,001
Total Capital Fund	**$ 5,892,066**	**$ -**	**$ 7,139,000**	**$ 1,100,242**	**$ 378,411**	**$ 11,552,413**

TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 6,847,008**	**$ 24,880**	**$ 7,139,000**	**$ 1,236,698**	**$ 378,411**	**$ 12,395,779**

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2011

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Operating Expenses	Capital Expenses	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 256,743	$ 1,660	$ 23,866	$ -	$ 212,656	$ 69,613
Pioneer Housing - Lodge (Moose Jaw)	169,658	1,810	14,833	-	-	186,301
Pioneer Housing - Units (Moose Jaw)	226,091	2,370	12,000	-	-	240,461
Regency Manor	155,680	1,630	7,650	-	-	164,960
Total SHC	808,172	7,470	58,349	-	212,656	661,335
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,844	-	-	-	-	23,844
RHA cummulative surplus	12,061,150	-	3,471,545	-	1,218,515	14,314,180
Total Capital	$ 12,893,166	$ 7,470	$ 3,529,894	$ -	$ 1,431,171	$ 14,999,359
Total Internally Restricted Funds	$ 12,893,166	$ 7,470	$ 3,529,894	$ -	$ 1,431,171	$ 14,999,359

Schedule 5

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2011

BOARD MEMBER REMUNERATION

for the year ended March 31, 2011

	2011							2010
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Velma Geddes	$ 8,300	$ 8,259	$ 856	$ 781	$ 769	$ 716	$ 19,681	$ 25,240
							-	-
Grant Berger		3,600	1,038	1,255	846	106	6,845	7,867
Elizabeth Collicott		3,850	175	847	846		5,718	6,264
Clark Coulson		1,800	100	120	589	21	2,630	4,054
Kenneth Hawkes		4,000	50	594	846	59	5,549	6,424
Alvin, Klassen		3,994	1,725	2,041	871		8,631	8,731
Tracey Kuffner		3,625	1,750	2,970	846	107	9,298	9,697
Cecilia Mulhern		3,600	1,725	2,452	846	119	8,742	12,130
Christine Racic		2,650	138	542	471	30	3,831	5,755
George Reaves		3,538	1,175	1,841	846		7,400	9,775
Jeffrey Reihl		2,638	100	440	589	24	3,791	4,811
Donald Shanner		4,725	150	752	846		6,473	6,401
							-	
							-	
Total	$ 8,300	$ 46,279	$ 8,982	$ 14,635	$ 9,211	$ 1,182	$ 88,589	$ 107,149

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2011

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2011

	2011					2010		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cheryl Craig, CEO	$ 294,524	$ 6,712	$ 301,236	$ -	$ 301,236	$ 261,806	$ -	$ 261,806
Craig Beesley, Exec Dir	149,307	-	149,307	-	149,307	122,884	-	122,884
Nola Ayers, Exec Dir [3]	-	-	0	-	-	150,648	-	150,648
Amanda Zarubin, Exec Dir	131,437	-	131,437	-	131,437	7,398	-	7,398
Wayne Blazieko, Exec Dir & CFO	170,300	-	170,300	-	170,300	139,451	-	139,451
Dr. Mark Vooght, MHO	238,897	-	238,897	-	238,897	218,594	-	218,594
Terry Hutchinson, Exec Dir	148,063	-	148,063	-	148,063	125,950	-	125,950
Dianne Ferguson, Exec Dir	125,327	-	125,327	-	125,327	108,607	-	108,607
Dr. Ramadan, interim Med Director [4]	-	-	0	-	-	50,000	-	50,000
Dr. George Carruthers, Medical Director	208,629	-	208,629	-	208,629	109,275	-	109,275
John Liguon, Exec Dir	149,022	-	149,022	-	149,022	125,499	-	125,499
Laurie Albinet, Exec Dir	152,979	-	152,979	-	152,979	118,021	-	118,021
Gilbert Linklater, Exec Dir	175,790	-	175,790	-	175,790	140,310	-	140,310
					-			-
Total	$ 1,944,275	$ 6,712	$ 1,950,987	$ -	$ 1,950,987	$ 1,678,443	$ -	$ 1,678,443

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

3. Nola Ayers - Human Resources Executive Director resigned Mar 31, 2010.
4. Dr. Fauzi Ramadan - interim Medical Director Aug 17, 2008 to Aug 31, 2009.

Payee List

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Aasen, Dianne	98,831
Ackerman, Linda	76,823
Adewumi, Adegboyeg	257,200
Adrian, Shelly	79,419
Albinet, Laurie	152,979
Alderton, Cheryl	58,824
Allen, James	98,900
Alraum, Isolde	85,906
Altwasser Bryant, Arla	71,293
Ambrose, Shelley	53,318
Amies, Michael	88,561
Anderson, Darrell	69,224
Anderson, Lori	91,134
Arseneau, Maureen	94,933
Avery, Kerry	54,138
Awad El Kariem, Sawsan	355,027
Baillie, Dean	55,625
Bain, Joy	95,823
Bakke, Krista	85,818
Barnett, Krista	58,184
Barnie, Sandra	50,844
Barnstable, Stephanie	64,513
Barrett, Elizabeth	63,956
Bartzen, Della	64,103
Bastedo, J. Roger	93,604
Batty, Kathy	86,327
Batty, Tanis	85,157
Bauck, Deborah	94,135
Beaubien, Colette	82,374
Beauregard, Claude	62,409
Beausoleil, Aline	62,157
Bechtold, Mike	58,121
Beesley, Craig	149,307
Bellrose, Sheila	70,468
Bender, Blaine	62,192
Bender, Karen	83,576
Bengtson, Monica	77,132
Bennett, Dawn	58,223
Benoit, Ann	98,567
Benson, Lisa	71,354
Berger, Shannon	52,436
Berjian, Florence	70,040
Bernard, Blanche	56,986
Berthelet, Robin	92,809
Blazieko, Joann	97,388
Blazieko, Wayne	170,300
Bochek, Heidi	54,951
Boerma, Lucinda	59,705
Boese, Brenda	54,827
Bohlken, Dawn	60,774
Boire Teixeira, Louise	57,906
Bookout, Karen	62,705
Booth, Mary Lee	98,900
Boothman, Tami	83,629
Bourassa, Crystal	72,010
Bouvier, Coralee	63,575
Box, Kimberley	79,048
Boyczuk, Christine	85,906
Bremner, Carolyn	98,319
Brenner, Teresa	65,044
Brinton, Peggy	78,443
Brisbin, Katherine	70,458
Broeder, Teresa	110,006
Brunke, Kirstin	61,825
Budd Wutke, Darla	91,834
Bumphrey, Brenda	89,911
Burnett, Barbara	77,753
Burns, Maureen	95,068
Bushell, Marlene	72,872
Butlin, Barbara	60,911

Cairns, Myles	109,830
Cameron, Wayne	55,617
Campbell, Nimone	79,887
Campbell, Patricia	69,543
Campbell, Shauna L.	90,965
Campbell, Wanda	90,386
Camphaug, Shawna	58,427
Carretero, Antonio	326,169
Carroll, Lee Anne	66,631
Carruthers, George	208,629
Cayer, Janice	91,537
Chaisson, Alfred	67,233
Chaisson, Clara	99,150
Chartrand, Lisa	78,287
Christmann, Christina	51,188
Clark, Carol	62,255
Clark, Kirsten	62,050
Clayson, Tabithia	69,015
Cobb, Charlene	73,692
Cochrane, Rod	96,383
Cole, Brenda	66,782
Cole, Lorlee	56,119
Cooke, Liana	54,436
Cooper, Cindy	58,805
Cossette, Rondelle	78,954
Cox, Sheila	113,468
Craig, Cheryl	296,329
Cristo, Janet	69,669
Csada, Linda	57,924
D Entremont, Marc	75,447
Dancey, Colleen	87,223
Delbeck, Christina	51,172
Delorme, Danielle	64,239
Demassi, Kristy	75,101
Deobald, Brenda	108,469
Deringer, Gina	85,185
Dick Andres, Susan	54,038
Dick, Denise	93,782
Dickson, Melanie	65,794
Dixon, Karen	82,427
Doepker, Bernie	69,196
Doerksen, Kim	57,485
Dombowsky, Eva	63,087
Donley, Teresa	101,752
Dowling, Michelle	94,889
Downey, Corrin	59,939
Downton, Hayley	102,115
Dreger, Wanda	85,395
Driedger, Heather	72,497
Durand, Sylvia	67,727
Dushinski, Kim	85,905
Duzan, Nancy	65,691
Dyck, Diane	63,944
Ebbett, Pamela	57,163
Elias Lins, Linda	54,725
Ellert, Clara M	64,799
Ellingson, Marie	78,210
Engler, Kathryn	94,036
Engstrom, Pamela	98,548
Ennest, Amanda	62,469
Erskine, Kimberly	84,846
Erwin, Dre	103,447
Etches, Robert	336,168
Ferguson, Dianne	125,327
Ferguson, James	73,234
Fernell, Karen	85,949
Ferraton, Tamara	67,303
Fieldgate, Catherine	81,884
Filipowich, Kathleen	91,524
Firomski, Curtis	58,714
Fitterer, Cheryl	70,757
Fitzpatrick, Gail	70,153
Fjeldberg, Rynae	106,228
Flegel, Deborah	90,880
Flegel, Elaine	66,282
Fogal, Stacey	59,345
Fogarty, Erin	52,642
Forrest, Lois	105,762
Fowler, Sandra	67,262
Frank, Gwenith	90,925
Fraser, Dan	99,201
Froehlich, Deneen	65,494
Froehlich, Kelly	75,841
Galenzoski, Shelley	61,115
Gallant, Donna	54,628
Gallup, Kelsey	60,133
Gamble, Carole	52,910
Gaucher, Adrien	93,479
Gee, Teresa	92,431
Gilbert, Chere	92,171
Gleim, Sandra	89,759
Godin, Fairlie	66,278

Good, Laurie	115,493	Ireland, Diane	109,221
Goodison, Melonie	87,869	Jago, Terry	77,400
Goud, Dan	74,366	Johnson, Allyson	80,441
Goudie, Darlene	76,503	Johnson, Amy	62,451
Grado, Derrick	54,224	Johnson, Cynthia	90,992
Graham, Crystal	58,414	Johnson, Darren	98,047
Grant, Mathilda	79,714	Johnson, Elaine	91,810
Gray, Deborah	75,395	Johnson, Heather	89,087
Green, Janice	75,504	Johnson, Pamela	75,979
Griffin, Kathy	94,880	Johnson, Wayne	85,255
Gross, Edith	95,468	Johnston, Donna	52,906
Gummeson, Phyllis	83,214	Juell, Jody	75,533
Gyrlevich, Louise	94,584	Jukes, Jackalyn	78,729
Hadley Cole, Rona	90,251	Justason, Ave Berna	67,034
Hagan, Gayle	69,654	Justus, Ron	54,911
Hager, Brad	76,725	Karst, Teresa	98,466
Hallborg, Carla	65,459	Kautz, Katharine	57,409
Handfield, Leslie	62,894	Keall, Sylvia	72,387
Handley, Jane	53,871	Keen, Leanne	53,778
Hanson, Teresa	69,385	Kell, Erin	53,977
Haque, Sameema	95,977	Kergan, Guy	95,943
Hardy, Diane	63,789	Kindrachuk, Joye	85,927
Hasenack, Lisa	50,334	King, Sherry	63,545
Hasmatali, Sheryl	103,663	Kittler, Shelly	91,145
Haukaas, Brenda	93,955	Kitts, Lynn	77,998
Hawley, Veronica	55,958	Klassen Boldt, Inge	53,667
Hayden, Janice	52,329	Knapp, Glen	60,479
Hayward, Grace	92,298	Knelsen, Sharon	80,921
Heath, Shari	58,288	Knudson, Katherine	64,993
Heath, Stacey	79,933	Kowalski, Gwen	96,682
Heilman, Heather	52,531	Krepakevich, Kevin	85,906
Hein, Beverly	50,303	Kruse, Ronald	54,924
Helland, Joanne	72,828	Kuhn, Joanne	64,118
Hembroff, Connie	52,998	Kwan, Rhonda	73,030
Hewitt, Erin	52,870	Lalonde, Janet	87,087
Hicks, Dorothy	52,711	Lamarre, Ann	95,393
Hicks, Pat	90,749	Lambert, Colleen	86,962
Hogg, Jolene	85,663	Langdon, Karyn	98,628
Holovach, Lisa	82,756	Langlois, Paul	68,986
Howick, David	59,020	Larmour, Brent	84,397
Huber, Marvin	92,488	Larocque, Mary	55,892
Hudson, Allyson	94,817	Law, Linda	91,486
Hudson, Donna	88,204	Le Courtois, Robin	85,041
Hugg, Shauna	90,017	Lehmann, Karen	68,402
Hundeby, Janet	92,009	Lewis, Shawna	83,326
Hutchinson, Terry	148,063	Lewry, Patricia	66,884

Liguori, John	149,022	Morland, Darlene	101,633
Linklater, Bert	111,585	Moulding, Donna	95,429
Longworth, Linda	64,040	Myers, Linda	90,383
Lovick, Valerie	102,430	Neal, Sheila	80,558
Lowenberg, Candace	94,121	Neigel, Darcy	90,871
Lowes, Joanne	73,655	Neithercut, Kimberly	62,693
Ludke, Mona	84,373	Nelson, Bonnie	92,261
Lukan, Keith	81,199	Neuls, Denine	70,597
Macdiarmid, Joyce	99,176	Newans, Robin	96,086
Mackenzie, Dawnidell	53,837	Nganzo, Mariam	58,029
Mackie, Judy	63,364	Nicholls, Brenda	107,622
MacPherson, Stacey	58,480	Nicholson, Lennord	57,785
Malcolm, Helen	50,003	Nicholson, Raelynn	58,048
Marciszyn, Anne	73,844	Nicolay, Sheree	54,009
Martens, Sherry	63,479	Nicolson, Sharon	80,098
Martin, Leanne	53,027	Nightingale, Laurianne	112,573
Martyniuk, Bonita	104,943	Nikolic, Shelley	61,420
Mattus, Donna	71,086	Noreen Smith, Jana	50,110
Maurer, Linda	83,898	Norrish, Christy	52,340
McCormack, Evelyn	75,618	Nouh, Mohamed	392,301
McDavid, Cara	56,862	Nystrom, Michelle	54,723
McDowell, Ashleigh	75,048	Ocrane, Sandra	65,645
McEwan, Cheryl	51,380	Oen, Barb	69,814
McFadden, Arin	66,202	Ofstedahl, Donna	77,437
McFadden, Brandy	92,503	Ofukany, Lindsey	72,786
McGregor, Megan	88,078	Ogle, Wanda	85,905
McInnes, Maryellen	94,709	Ollenberg, James	74,136
McKay, Holly	63,811	Olson, Cindy	52,988
McKenna, Joann	67,550	Oram, Dianne	84,239
McKinley, Lynde	99,404	Osemlak, Pauline	99,201
McLean, Tanya	64,343	Palmer, Laurie	52,900
McMaster, Rhonice	79,742	Pardy, Arlene	96,806
Medders, Steve	64,318	Parker, Lisa	82,643
Merifield, Danielle	85,505	Passmore, Arlene	62,381
Messner, Donna	68,170	Paul, Connie	91,738
Mielke, Janice	75,705	Paull, Elizabeth	87,686
Millar, Frances	100,308	Paulowicz, Jeffrey	65,351
Miller Moyse, Gwen	57,080	Paysen, Angie	60,234
Miller, Gail	55,341	Pearson, Shannon	64,341
Miller, Lenore	61,386	Pecusik, Catherine	98,014
Miller, Tamye	83,772	Pedersen, Tara	51,850
Miskiman, Chad	94,033	Pennington, Debbie	56,679
Molde, Helen	92,810	Petersen, April	63,963
Molsberry, Marjorie	60,320	Petersen, Joanne	96,148
Monea, Deborah	93,686	Peterson, Eyvonne	102,807
Moore, Jean	76,574	Peterson, Lance	77,295

Petfo[illegible] Rhonda	86,612
Petruic, [illegible]	61,160
Philipation, Travis	84,694
Pierce Ryba, Taryn	82,153
Pilkey, Colleen	65,285
Polos Fox, Shelley	56,083
Porras, Raphael	81,397
Pouteaux, Sarah	63,764
Preston, Peggy	78,572
Prokopchuk, Arlene	89,577
Ramphal, Christine	67,121
Ray, Helene	54,660
Reaman, Viola	82,225
Reed, Eveline	95,019
Reihl, Debbie	91,990
Reinhart, Sheila	70,595
Remoue, Marilyn	63,915
Rice, Christine	101,157
Richards, Tracy	61,615
Rivard, Wendy	76,063
Roach, Shelley	94,476
Robb, Donna	82,127
Roberts, Christa	73,830
Robertson, Jackie	92,772
Robinson, Bonnie	53,278
Rodgers, Marilyn	86,644
Rollie, Wendy	103,560
Roney, Debbie	50,134
Rossler, Vanessa	75,977
Rumancik, Peter	78,637
Runzer, Sandra	67,065
Rusnak Weekes, Nicole	66,345
Rust, Johanne	110,109
Rusu, Troy	64,896
Ruzicka Olson, Corie	58,001
Ryan, Beverley	110,121
Ryerson, Ellen	54,424
Salaba, Janice	91,165
Saladana, Rita	86,195
Salido, Deign	83,088
Salido, Joanne	63,587
Sanden, Wendy	82,883
Sanders, Anita	102,239
Sanderson, Lois	64,467
Savage, June	81,758
Schanoski, Paul	57,010
Schick, Joyce	67,230
Schnare, Gwen	69,508
Schneider, Brenda	87,715
Schutte, Greg	71,748
Scott, Deborah	95,620
Segall, Heather	100,823
Seida, Norine	99,201
Seip, Kim	86,877
Seman, Edward	74,799
Sereda, Dave	100,871
Shelstad, Cynthia	58,970
Shiers, Mark	90,575
Shirkey, Patti	79,892
Shook, Darlene	73,266
Shooter, Mandy	59,254
Silzer, Sharon	63,618
Simmons, Lorna	87,441
Simpkins, Kelly	52,486
Sinclair, Juliet	89,658
Smith, Brenda	85,832
Smith, Brenda	75,473
Smith, Darlene	101,633
Smith, Donna	72,874
Smith, Jessica	65,519
Smith, Shelley	88,803
Sobottka, Bonnie	125,335
Solomon, Shanda	51,287
Sparks, Debbie	77,521
Spence, Laura	81,449
Stabell, Susan	62,975
Stankewich, Brenda	67,734
Stapor, Paul	84,884
Statham, Cheri	93,542
Steel, Brenda	78,833
Stenerson, Wade	70,633
Stensland, Jana	104,448
Stevens, Debra	77,974
Stevenson, Nadine	75,302
Stewart, Cathy	100,132
Stewart, Lindsay	75,264
Stewart, Shannon	55,778
Stobbs, John	70,938
Storozuk, Yvette	89,578
Strange, Debra	91,582
Straub, Jacquelin	99,918
Striha, Lynn	92,636

Strom, Shelda	79,903
Sullivan, Maureen	91,361
Swanson, Kerry	80,105
Switzer, Betty	92,751
Taylor, Lisa	54,152
Taylor, Melissa	56,400
Tendler, Cathy	68,860
Terry, Ernest	152,115
Theede, Maryanne	61,806
Thompson, Marcie	57,544
Thul, Lori	51,831
Thul, Louise	102,684
Tipper, Lisa	66,256
Tkachuk, Brian	58,582
Tomashewski, Tannis	69,638
Trafford, Karen	60,215
Tremaine, Shari	64,763
Trusty, Alice	94,258
Tuffour, Melanie	51,082
Tyrrell, Katarina	62,573
Tysdal, Elizabeth	67,918
Ursan, James	50,347
Uy, Narath	73,586
Vaessen, Leisa	89,874
Vatamaniuk, Lisa	72,643
Vooght, Mark	238,897
Voth, Norlaine	83,127
Waddington, Lisa	54,690
Waldenberger, Shelley	80,090
Waldenberger, Vanessa	80,064
Walters, Lucille	54,645
Walz, Jason	75,238
Wanner, Brian	94,044
Ward, Cheryl	91,156
Warner, Tamara	62,468
Wasylenka, Dixie	101,431
Watson, Donna	77,360
Watteyne, Kristie	73,696
Weber, Nicole	77,262
Weiss, Jennifer	60,056
Wendt, Paul	54,952
Westrom, Chelsea	53,888
White, Patricia	64,278
Wicharuk, Judy	91,356
Willatt, Linda	76,831
Williams, Kathryn	86,038
Williams, Shannon	74,699
Wilm, Joanne	99,286
Wilson, Karen	58,187
Winkler, Lucyna	91,875
Winter, David	95,812
Wittal, Gerrilynn	103,826
Wolfe, Jacquelin	103,480
Woloschuk Connor, Laurie	68,237
Wong, Gail	58,840
Wood, Darcy	74,952
Wood, Katherine	63,808
Work, Jodi	77,655
Wostradowski, Bonnie	66,126
Wozniak, Yvonne	93,056
Yang, Jianti	62,607
Yaschuk, Kerry	84,960
Yost Walter, Lynda Lee	89,996
Young, Vanessa	79,715
Zarubin, Amanda	131,437
Zelaya, Karina	54,692
Payees under $50,000	25,812,549
Total Personal Services	**66,643,555**

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more

Extendicare	6,173,362
Hutch Ambulance Service Inc.	534,188
Individualized Home Care Funding	264,408
Moose Jaw & District EMS	1,597,321
Moose Jaw Alcohol & Drug Abuse	1,255,616
Moose Jaw Transition House	73,795
Providence Place	13,139,055
Salvation Army	149,538
St Joseph's EMS Gravelbourg	225,650
St Joseph's Hospital Gravelbourg	4,808,882
Thunder Creek Rehab Assoc Inc.	921,951
Total Transfers	**29,143,766**

Suppliers

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd.	464,820
Advanced Electronic Solutions	125,842
Al-Begamy, Dr. Youssef	311,489
Alberts Medical PC Inc, Martin	219,068
Alberts, Dr. Martin	142,604
Alcon Canada Inc.	286,814
AMT Vantage Group Inc.	145,904
Arjo Huntleigh	190,227
Arrow Electric Co. Ltd.	82,302
Bard Canada Inc.	63,219
Baxter Corporation	55,214
Best, Dr. James Prof Medical Co.	146,198
Biomerieux Canada Inc.	117,969
Bio-Rad Lab (Canada) Ltd.	57,330
Blomerus, Dr. Jacobus	93,506
Bunzl Canada	184,816
C&E Mechanical Inc.	107,582
C&S Builders Ltd.	257,057
Can-Med Healthcare	50,337
Cardinal Health	347,804
CDW Canada Inc.	106,070
Christie Innomed Inc.	109,863
City Of Moose Jaw	172,574
CPDN - 3130827 Canada Inc.	415,154
CU Credit Mastercard	255,249
De Coteau, Dr. W. Earle	66,171
De Wet, Dr. Reinhardt	54,072
Deleon, Dr. Ernesto L.	65,571
Dell Canada	88,542
Devilliers, Dr. Jean Pierre	71,174
Domco Construction Inc.	327,519
Du Toit, Awie Radiology Prof Corp.	1,195,940
Ecolab Ltd.	71,015
Eecol Electric Corp.	91,464
Enterprise Rent-A-Car	52,093
Fisher Scientific	56,143
Futuremed Health Care Products	76,549
Ganesan Medical Prof Corp.	133,247
Ganesan, Dr. Arun	82,970
Great West Life Assurance Co.	470,140
Health Sciences Assoc Of Sask.	79,671
Healthcare Insurance Reciprocal	127,472
Healthmark Ltd.	51,578
Heilman, James Medical Prof Co.	86,421
Hospira Heathcare Corp.	423,327

Inland Audio Visual	65,431
Instrumentation Laboratory	50,237
Johnson & Johnson Medical	134,075
Johnson Controls Ltd. #C3039	59,175
Johnson, Kathy	50,794
Jump.Ca	179,606
KM Burgess Agencies Ltd.	81,756
Kruger, Dr. Johan	111,850
Larin Medical Professional Corp.	50,199
Larsen, Dr. Charles John	100,229
London Life	57,440
Louw, Dr. Alexander Francois	92,361
Maree, Dr. Narinda Medical Prof.	360,534
Marsh Canada Limited	152,181
Marx Medical Prof Corp.	386,563
McKesson Canada	335,905
McKesson Distribution Partners	207,056
Miller, Dr. George Medical Prof.	51,101
Minister Of Finance	629,301
Moose Jaw & District EMS	63,931
Moose Jaw YMCA	60,531
Motorola Canada Ltd.	155,811
Moyosore Medical Professional	77,955
Nagel, Marjorie	105,704
Niaz, Dr. Majid	53,586
Olympus Canada Inc.	97,185
Otis Canada Inc.	50,418
Oyenubi, Dr. Abimbola	272,852
Pansegrouw Medical Prof Corp.	373,339
Pentax	84,156
Philips Electronics Ltd.	423,054
Prairie Janitorial Supply	66,121
Prairie Meats	94,140
Public Employees Pension Plan	210,169
Puetz, Dr. J. A. Medic	339,412
Ramadan, Dr. Fauzi Medical Prof.	63,497
Receiver General For Canada	23,381,232
Retief, Dr. Leon	360,023
SAHO	338,737
SAHO Dental Plan	832,663
SAHO DIP	1,769,795
SAHO Extended Health & Dental	1,970,700
Saputo Foods Limited	146,479
Sask Energy	618,360
Sask Health Information Network	175,657
Sask Power	1,069,306
Sask Registered Nurses Assoc.	158,958
Sask Tel CMR	374,996
Sask Tel Mobility	100,129
Sask Workers' Compensation Board	1,276,390

Saskworks Venture Fund Inc.	99,713
Schaan Healthcare Products Inc.	1,097,742
Security Patrol & Investigators	81,262
SEIU Local 299 MJ	565,982
Shanthakumar, Dr. Ratnasingham	188,484
SHEPP	9,267,291
Shopper's Home Healthcare	285,304
Siemens Healthcare Diagnostics	149,911
Somagen Diagnostics Inc.	76,271
Sonosite Canada Inc.	60,291
Source Medical	84,538
Soyege, Dr. Adeloye	103,943
St Joseph's Hospital Gravelbourg	142,316
Stantec	556,444
Steris Canada Inc.	235,503
Stevens Company Limited	244,347
Stryker Canada Inc.	110,744
SUN Provincial	379,386
Supreme Office Products Ltd.	281,032
Sysco Food Services	1,038,771
Thorpe, Dr. R. Brandon	76,190
Toshiba	115,806
Tyco Healthcare Group Canada	372,228
Valley View Centre	1,067,784
Van Der Merwe, Dr. Schalk	338,777
Van Wyk, Dr. Gerrit Prof. Corp.	526,178
Verathon Inc.	92,854
Vertue, Dr. Peter-John	265,218
Yeboah, Dr. Emmanual K.	55,064
Zimmer Canada	224,367
Supplier Payments Under $50,000	6,792,582
Total Supplier Payments	**71,477,491**

Appendix A
The Five Pillars

Health of the Individual:
Goals, initiatives and measures directed at enhancing the individual's care experience and health outcomes.

Health of the Population
Goals, initiatives and measures directed at improving the overall health and health outcomes of the population and reducing health disparities.

Providers:
Goals, initiatives and measures directed at enhancing: the capabilities and capacity of all providers (professional and support staff, physicians, leadership, students and volunteers) and the effectiveness of the working environment. Capacity may fall into three categories:

1) Human Capital – Individual provider relevant, required capabilities and skills
2) Informational Capital-Information/Knowledge management for sound decision-making and performance management
3) Organizational Capital –Culture, leadership, alignment, teamwork

Sustainability:
Goals, initiatives and measures directed at fostering the overall sustainability of the health region through the effective management, allocation and strategic investment of financial resources and stewardship of capital assets ultimately resulting in enhanced value for the public.

Supporting Processes:
In order to achieve the above pillars, the health region will need to excel at key processes related to organizational excellence and innovation. The supportive processes outlined in the document outline the main means needed to augment and achieve the four main pillars.

Appendix A
The Five Pillars

Health of the Individual:
Goals, initiatives and measures directed at enhancing the individual's care experience and health outcomes.

Health of the Population
Goals, initiatives and measures directed at improving the overall health and health outcomes of the population and reducing health disparities.

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Goals, initiatives and measures directed at enhancing: the capabilities and capacity of all providers (professional and support staff, physicians, leadership, students and volunteers) and the effectiveness of the working environment. Capacity may fall into three categories:

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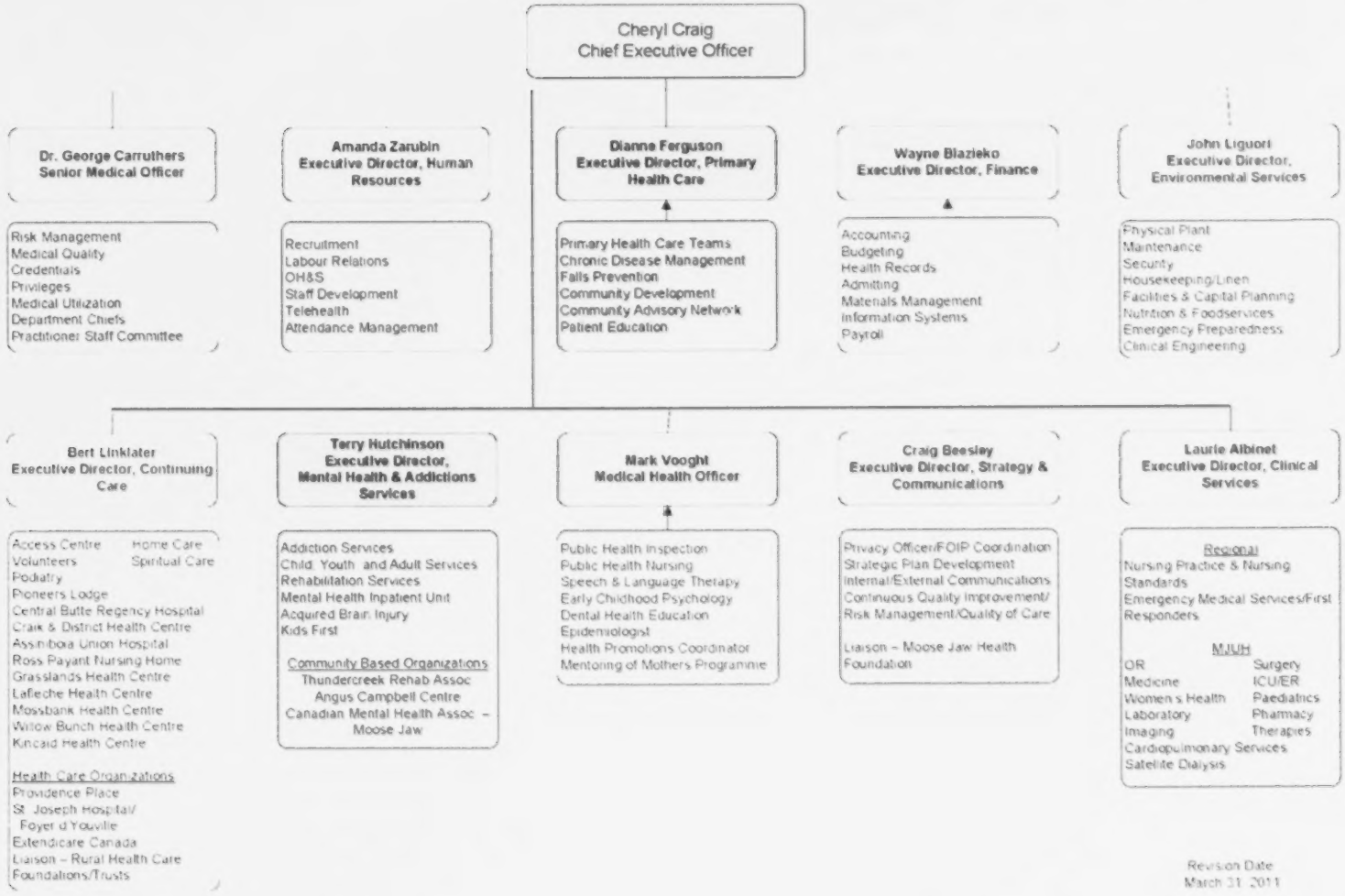
Goals, initiatives and measures directed at fostering the overall sustainability of the health region through the effective management, allocation and strategic investment of financial resources and stewardship of capital assets ultimately resulting in enhanced value for the public.

Supporting Processes:
In order to achieve the above pillars, the health region will need to excel at key processes related to organizational excellence and innovation. The supportive processes outlined in the document outline the main means needed to augment and achieve the four main pillars.

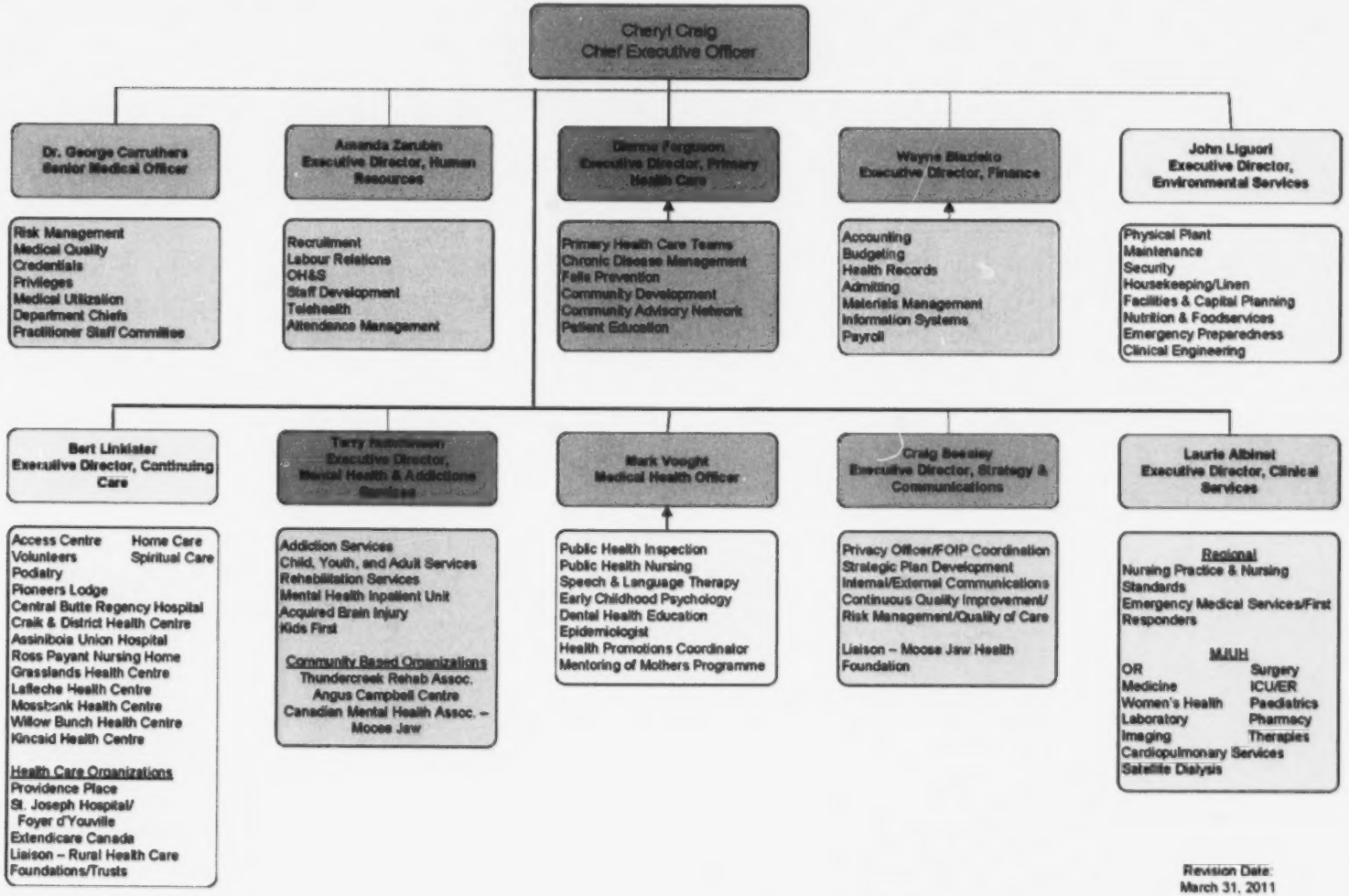
Appendix B
Organizational Chart

Five Hills Regional Health Authority



Appendix B
Organizational Chart

Five Hills Regional Health Authority



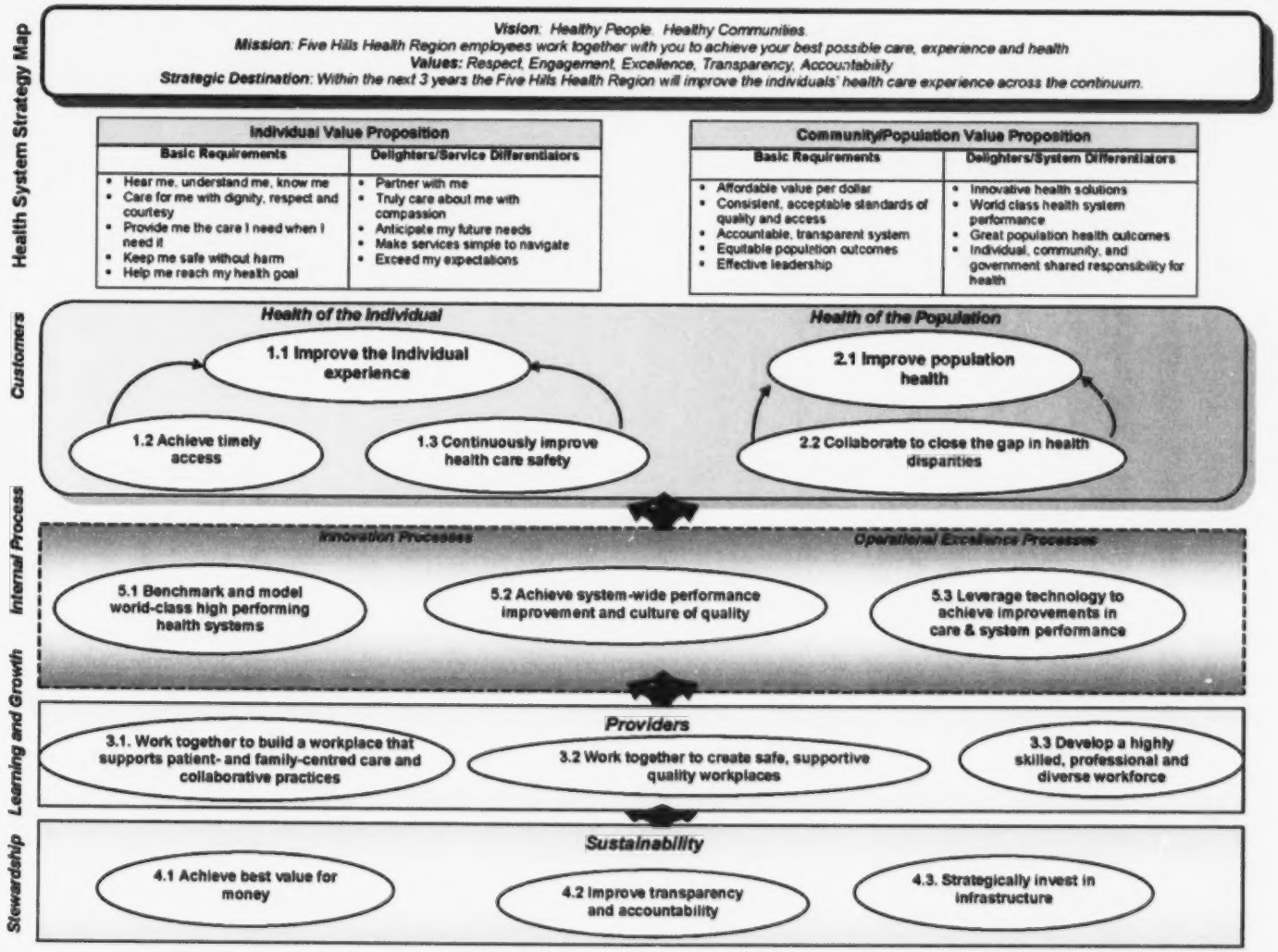
Revision Date:
March 31, 2011

Appendix C
Community Advisory Networks

Communities and organizations our health region currently interacts include, but are not limited to:

Assiniboia Civic Improvement Association
Assiniboia Union Hospital Auxiliary
Badlands Recreational Committee
Briercrest College
Canadian Cancer Society
Canadian Diabetes Association
Cayer Trust (Willow Bunch)
Central Butte and District Foundation
Central Butte Union Hospital Auxiliary
Child Action Committee (Moose Jaw)
Child Action Group (Assiniboia)
Child and Youth Interagency Committee
Cosmo Senior Citizen's Centre
Craik and District Foundation
Craik Auxiliary
Department of National Defense 15 Wing
Division scolaire francophone 310
Elbow Auxiliary
Emergency Measures Organizations
Emergency Response Planning Committee
Eyebrow Auxiliary
File Hills Tribal Council
Food Security Network
Grasslands Trust Fund Corp.
Grasslands Health Centre Auxiliary
Holy Trinity Roman Catholic Separate School Division No. 22
Housing Authorities
John Howard Society
Kincaid & District Health Centre Board Inc.
Lafleche District Health Foundation Inc.
Ludlow Trust
Medical Advisory Committee
Metis Nation
Moose Jaw & District Senior Citizens Association
Moose Jaw and District Interagency Committee
Moose Jaw Families for Change
Moose Jaw Health Foundation
Moose Jaw Mental Health Housing Committee
Moose Jaw Union Hospital Auxiliary
Mossbank Trust
Municipal Governments
Pioneer Lodge Assiniboia Auxiliary
Prairie South School Division No. 210
Regency Hospital Auxiliary
Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
Regional Intersectoral Committee
Ross Payant Nursing Home Auxiliary
SIAST - Palliser Campus
South Central Recreation and Parks Association
South Country Health Care Foundation
Thunder Creek Rehabilitation Association
Transition House
Tugaske Auxiliary
Unions
Valley View Centre

Appendix D
Health System Strategy Map



Appendix D
Health System Strategy Map